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ABSTRACT

This report describes activities and accomplishments of the Community Options Project, a 5-year effort to enhance the capacity of eight local communities in New Hampshire and Maine to include young children (birth to age 6) with disabilities and their families in typical early childhood programs and to enhance the quality of these programs for all young children. The project features five major components: (1) state-level advisory committees; (2) community teams; (3) individualized support (both project support of teams and team support of parents and providers); (4) dissemination; and (5) evaluation. Outcomes exceeded expectations and included increased numbers of children and families participating in community programs in New Hampshire; increased numbers of early childhood community programs available to families and children in both states; enhanced quality of early childhood programs in both states; changes in systems to promote inclusive early care and education in both states; and enhanced public awareness of the benefits of quality early care and education in both states. Appendices include a project products list and samples, a summary of the Maine survey and state planning team meeting, a summary of the PATH (Planning Alternative Tomorrows with Hope) process, and a summary of focus group interviews with New Hampshire teams. (Contains 12 references.) (DB)

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Enhancing Community Options for Families of Young Children

Final Report

November 1, 1999

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Enhancing Community Options for Families of Young Children

Abstract

Enhancing Community Options for Families of Young Children (The Community Options Project) was designed to (a) enhance the capacity of local communities to include young children with disabilities (who are aged birth to six years) and their families in typical early childhood programs, and (b) enhance the quality of early childhood programs for all young children. The project was developed during a five-year model demonstration/ replication period, funded by the US Department of Education, Office of Special Education Programs, Early Education Programs for Children with Disabilities. Six teams throughout New Hampshire and two teams in the state of Maine served as project sites. The project featured five major components as described below.

I. State-Level Advisory Committee

A state-level advisory committee was integral to the success of the project. This group provided an important forum for (a) sharing information at the state level, (b) discussing the implications of project findings, (c) brainstorming solutions to common barriers, and (d) exploring joint initiatives in early care and education. The committee included representatives from state agencies, parents of young children with disabilities, community provider agencies, disabilities organizations, special and regular education, Head Start, and the Interagency Coordination Council for Part C. Advisors brought a state-level perspective to the project while learning about pressing local issues from community teams. The advisory committee guided project activities to support local teams and assisted the project to identify/leverage resources

II. Community Teams

Community teams were comprised of key individuals in early care and education at the local level. They were charged with five responsibilities, including: (1) work directly with families and children to facilitate participation in community programs (typically within their current positions, such as early intervention staff, preschool teacher, child care provider, children's librarian, etc.); (2) offer individualized support to community providers who enroll children in their programs or activities (once again, typically in the context of their current positions); (3) promote systems change in areas that prevent young children from participating in community programs; (4) raise public awareness about the importance of inclusive, quality early care and education via newspaper articles, training, or other means; and (5) network with grant teams and other early care and education professionals in the state with an interest in their activities and successes.

Community teams were located in Derry, Concord, Laconia, Lebanon and Keene, NH; and Bangor and Norway/ Naples, Maine.

III. Individualized Support

Individualized support occurred at two levels: project support of teams; and team support of parents and providers.

Project Support of Teams

At the start of the project year, staff worked with each team to develop an Individualized Technical Assistance and Support Plan, which contained a list of needed resources for the team to carry out their goals and objectives, responsible person(s), and timelines. At a minimum, teams received: (a) telephone contact as needed (at least twice per month) with project staff or consultants to discuss progress and barriers; (b) project staff or consultant attendance at monthly team meetings;

(c) access to project-sponsored or co-sponsored training and networking events at little or no cost to teams, (d) materials (research/journal articles, orientation manual, project-developed forms and newsletters, access to videotapes, etc.), (e) opportunities to network with other teams or individuals from other teams; and (f) financial support, which varied according to need.

Funding to support team efforts was obtained from the project and various other sources, including state discretionary funds (Part C, Part B/619, child care, etc.), private foundations, community development funds, and businesses.

Team Support of Providers and Families

The process by which teams offered support to families and providers varied across teams, providers and families according to resources and needs. Support included:

- providing information to families and providers on the range of options available, the special education system, and other topics of interest;
- visiting programs with families to support them to choose one that was best suited to the family's and child's needs;
- offering resources and materials (e.g., access to videotapes, articles, developmentally appropriate/adapted toys, parent education materials, etc.);
- providing direct service, consultation, and technical assistance to providers regarding the program in general (if requested) and individual children, both on site and via telephone, and
- providing training and opportunities to network with peers and other families.

IV. Dissemination

The fourth component of the *Community Options* project was dissemination. Existing and project-developed materials were distributed in various formats to wide audiences throughout the project states and elsewhere. At the state level, the Advisory Committee received and disseminated all relevant materials/information. Community teams received information and materials at monthly meetings, which they in turn distributed to families and community providers. Both project staff and community teams engaged in public awareness activities throughout the duration of the project. Materials routinely were disseminated to state and national clearinghouses, public libraries, and via the Internet.

Materials were produced in a "reader-friendly" format, such as in family-friendly, culturally sensitive language for family audiences, brief fact sheet for policy makers, and closed captioned videotape. The project was also prepared to offer materials in Braille, Spanish, large print or other formats, if requested.

V. Evaluation

Evaluation activities and sources for the project included surveys, interviews, state placement data, community needs assessment, and others. Mr. John Hornstein of the University of Southern Maine served as external evaluator for the project during Years 1-3, and Ms. Jane Ross-Allen of the University of Vermont conducted an external evaluation of the outcomes for Years 1-3 and the viability of the replication plan.

Outcomes

Project outcomes during model development exceeded expectations. While outcomes from replication met the expectations of project partners and teams, staff had hoped for greater, statewide impact. Outcomes included: (a) increased numbers of children and families participating in community programs in NH; (b) increased numbers of early childhood community programs available to families and children in NH and Maine; (c) enhanced quality of early childhood programs in NH and Maine in the opinions of participants; (d) changes in systems to promote inclusive early care and education in NH and Maine; and (e) enhanced public awareness of the benefits of quality early care and education for all children in NH and Maine.

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Community Options Project
Final Report

(H024B40014)

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Enhancing Community Options for Families of Young Children:

The Community Options Project

(#HO24B40014)

Final Report

As the turn of the century approaches, a strong climate for quality, inclusive early care and education is emerging across the country. Compelling research on and media attention to brain development during the first three years of life (e.g., Time, Feb. 3, 1997), and the life-long impact of early experiences on children have contributed to a broader understanding of the critical importance of the early years. As a result, parents, providers, local school boards, legislators, business leaders, policy makers and others are beginning to join forces with a common goal: to identify innovative and successful strategies for equity and quality in the care and education of *all* young children (Nelson, Zoellick, & Dillon, in press). More local, state and federal leaders are working together, leveraging resources and "taking a stand for children" (Children's Defense Fund, 1998) by calling for increased support of quality programs and services.

The Enhancing Community Options for Families of Young Children (Community Options) project was designed to a) increase the capacity of communities to include young children aged birth to six years with disabilities and their families in typical early childhood programs, and b) improve the quality of early childhood programs for *all* young children. The project was developed during a five-year model demonstration/replication in New Hampshire and Maine. Funded in 1993 by the US Department of Education, Office of Special Education Programs (#HO24B40014), the project ended on June 30, 1999, having achieved significant and exciting outcomes that exceeded original expectations.

Shifting Paradigms in Early Care and Education Supports and Services

"Let's bring services to kids, not kids to services as we do now."

(Tom Hehir, US Dept. of Ed.)

The changing climate for young children and families in this country includes a shift in paradigms in early care and education services. In the very recent past, young children with

disabilities routinely were segregated from their peers and labeled by their disability. Professionals *intervened* and directed their services toward children alone, in settings removed from the typical places of learning and growing, and often with little or no attempt to collaborate with other providers. Few professionals talked with families about a positive vision for the future; rather, the focus of any such discussion was typically on a child's "limitations." The primary role of families was to implement programs as directed by professionals (Nelson, Zoellick, & Dillon, in press).

Today, however, early care and education for young children with disabilities is in a rapid state of philosophical and practical change nation wide. Providers are encouraged to view children in the context of their families, not in the context of the child's disability (Vincent, 1993), and to view families in the context of their communities (Dunst, 1998). Services are becoming more inclusive, collaborative and family-centered, with an emphasis on family resiliency and strengths, and at last, providers are beginning to dream with families about a bright future for *all* children (Schuh et al., 1996).

An increasing number of typical community programs are including young children with disabilities and their families (Janko & Porter, 1997). At the same time, more local, state, and federal leaders are embracing inclusion. The term "natural environments" has been inserted into federal regulations and quality indicators for programs (Hehir, 1996). Visionary leaders such as Norman Kunc (1992) have forced us to rethink our core beliefs, which influence the design and delivery of services. He tells us, "Mainstreaming is trying to get children with disabilities into the game to compete. Inclusion changes the rules so all kids belong" (p. 25).

The following final report for the *Community Options* project presents:

- an overview of the model;
- the major outcomes that resulted from three years of model development in NH and two years of replication in Maine;
- discussion on lessons learned; and
- recommendations for future efforts on building community capacity to include all young children.

Overview of the Model

"One state level respondent characterized the approach of the Institute staff to working with local teams as 'constructivist.' That is, instead of imposing a particular model on site level services, they facilitated system growth through guidance and the provision of both financial and informational resources." (John Hornstein, External evaluator, 1997)

Community Options was firmly grounded on the following philosophical principles:

- all children and families belong in communities;
- supports and services must be family centered and only as special as necessary;
- providers must adopt a "whatever it takes" approach in supporting families and children in natural environments;
- solutions to problems in a given community lie with the people who live and work in that community, and the role of outsiders is to lend support to their efforts.

All activities, materials, technical assistance and support efforts were designed accordingly.

Figure 1 depicts the five major components of the *Community Options* model, which were: state-level advisory committee; community teams; individualized support for teams, parents and providers; dissemination; and evaluation. Table 1 summarizes the model components and the variables that were associated with the successful implementation for the components. Each component is described below.

Component 1: State-Level Advisory Committee

To affect lasting change at the local level and assist teams to overcome obstacles to inclusion for young children and their families, support from a committee of state-level administrators and key individuals was critical. This group was also essential for the project to expand beyond the model development and replication communities. A state-level advisory committee provided an important forum to a) share information at the state level, b) discuss the implications of project findings, c) brainstorm solutions to barriers, and d) explore joint initiatives. The committee included representatives from state agencies, individuals with disabilities and parents of young children with disabilities, community provider agencies, disabilities

Community Options Model

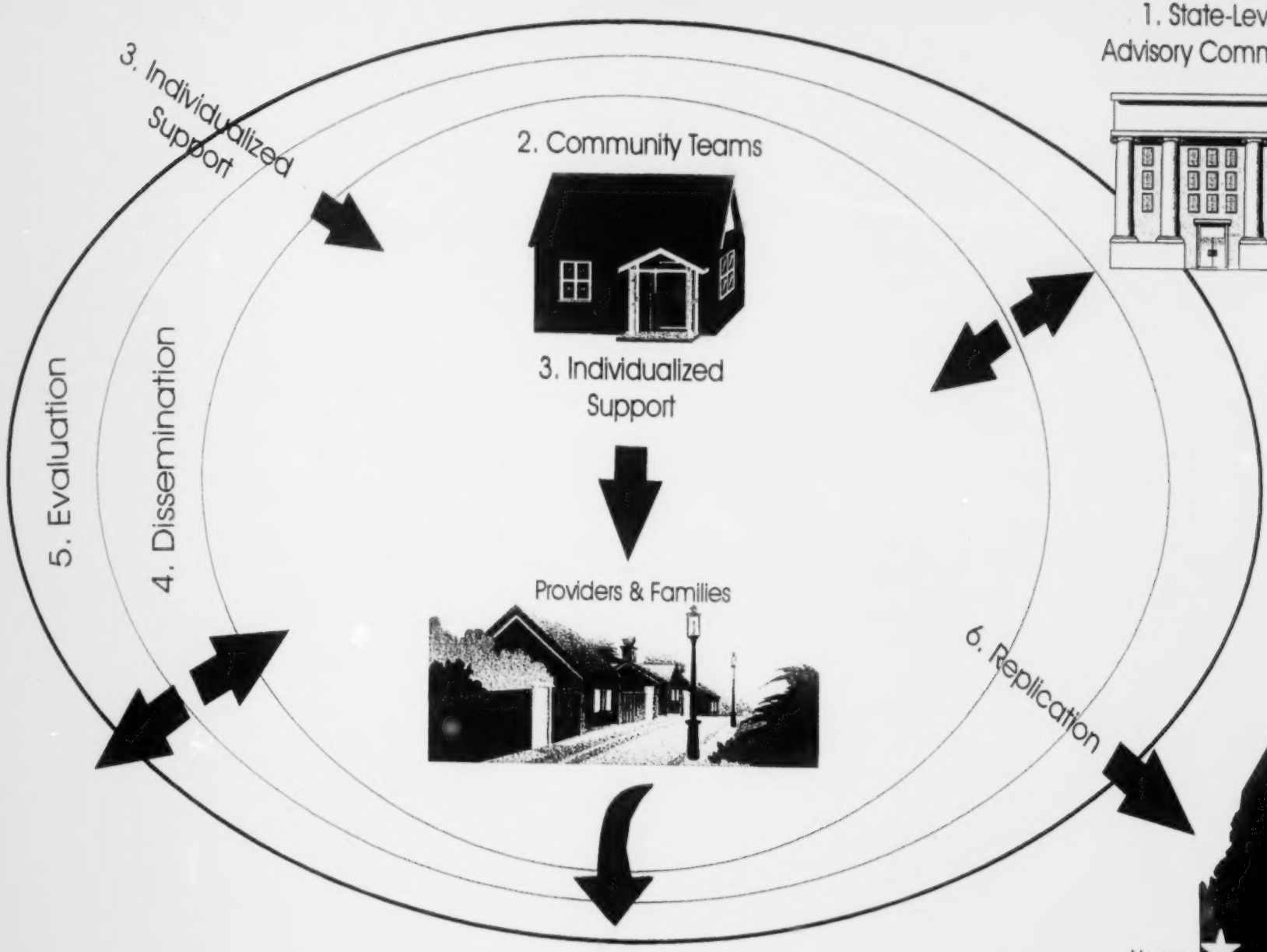

TABLE 1: COMMUNITY OPTIONS MODEL

Component	Process	Content	Critical Variables
1) State-Level Advisory Committee	• Key Individuals in Early Care and Education (state level)	• State Part H Coordinator, Part B/619 Coordinator, Head Start, Parents, Public Health, DDC, Special Education Director, ICC, DPH Child Care Coordinator, Child care/Preschool Director, UAP, Others as appropriate	• Buy-In from key state-level administrators and individuals • Financial commitment as appropriate • Shared values (or agree to work together) • Coordinated/shared agendas
	• Quarterly Meetings	• Brainstorm solutions to barriers • Identify sources of support for teams • Network • Share project findings • Bring state-level perspective to teams and vice-versa	• Adhered to Project Motto ("Work hard, eat well, laugh a lot.") • Built-in time for information sharing (beyond project topics)
	• Attend Team Meetings as Invited	• Bring state-level perspective to local community teams	• Communication re: issues and need for information
	• Co-sponsor Activities	• Training/workshop/topical "summits" on topics of joint interest	• Joint planning
2) Community Teams	• Key Individuals in Early Care and Education (local level)	• Minimum Membership: Inclusion Facilitator, Team Facilitator, Parent(s), Administrator, Educators (reg. and SPED), Preschool Provider, Child Care Provider, Head Start rep. (if available), EI, • Suggested Others (at team's discretion): Health Care Provider., MH/Developmental Services Rep., Business Rep., Leisure/Recreation, Children's librarians, etc.	• At least one visionary on the Team • Administrative support • Team member commitment prior to funding • Participation from the beginning re: goal setting • Facilitator with team building skills • Members share project values (or mostly share values) • Parent stipends/support to participate

3b

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Table 1. continued

Component	Process	Content	Critical Variables
2) Community Teams (continued)	• Selection by RFP Process (Solicit brief abstract, request full proposal from highest scoring teams)	• Goals, Objectives, Timelines, Outcomes, Local Resources to be Contributed, Plan for Continuation after Grant Year, Budget	• Demonstrated commitment (evidence of buy-in by key individuals/administrators, evidence of commitment to continue after demonstration year)
	• Self-Identified Priorities within Context of Project	• Inclusion, Family-centered support, Coordinated Health Care, Eligibility, Transition, Funding, Collaboration, Training and Technical Assistance (personnel development)	• Objectives and activities designed to enhance inclusive options for families of young children
	• Orientation	• Overview of Project, Expectations, Processes, Roles • Disseminate materials (manual, Inclusion Survival Kit)	• Comfortable atmosphere • Assurance that everyone buys in and fully understands project
	• Monthly Meetings (subcommittees may meet more often)	• Review Progress, modify/adapt plans as necessary, network/share information; Re-evaluate Priorities Annually	• Common vision/purpose • Good "meeting practices" (i.e., written agenda, timekeeper, note taker, etc.) • Ground rules (e.g., everyone's opinion counts) • Clear roles/expectations • Periodic Injections of Energy/Team Building Activities • Sanctioned time to participate • Celebrated Successes • Adhered to Motto "Work hard, eat well, laugh a lot"
	• Collaborative Systems Change Activities	• Policy/procedures/practices, community program eligibility, funding, collaboration (other areas targeted by teams)	• Buy-in from administrators/policy makers • Support to make changes

Table 1. continued

Component	Process	Content	Critical Variables
2) *Community Teams (continued)*	• Collaborative Support for Families and Children to Find/ Participate in Quality, Inclusive Early Care and Ed. Programs	• Implement Exemplary Practices	• Teams supported to implement exemplary practice • Relevant current practices reviewed (make no assumptions!)
	• Collaborative Public Awareness Activities	• News articles, Training, Round Tables	• Media educated re: person-first language and project values (e.g., inclusion, child/family strengths orientation, right to belong, etc.)
3) *Individualized Support:*	*Support for Teams* • Individualized TA & Support Plans • Team-to-Team Connections • Team to Other Consultants/ Trainers Connections • Training/Materials/Resources • Technical Assistance • Moral Support • Funding	• UAP Staff/Others as Team Consultants • Identified by Team (e.g., on-site visits/observations, brainstorm solutions to barriers, TA regarding specific children/families, support to obtain grants, preparation for presentations to boards and others, resources/materials on exemplary practices and research, moral support, networking connections, stipends to attend training, etc.)	• Clear roles and expectations • Clear description of available support • Creative approach to problem solving • Flexible/Responsive TA plans and support • Timely support • Driven by team priorities
Project Support of Teams			
Team Support of Community Providers	*Team Support of Community Providers* • Individualized TA & Support Plans • Provider-to-Provider Connect. • Resources, Materials, Training, Consultation, Funding, Staff	• Identified by providers (see above examples). In addition: • TA regarding Developmentally Appropriate Practice, responsive environments, other issues	• Same as above list, but add: • Sufficient time for consultation/support • Driven by provider priorities
Team Support for Families	*Team Support for Families*	• Identified by families (e.g., info. on resources, options, child's condition; visits to programs, IFSP/IEP meetings, Parent-to Parent connections, etc.)	• Parents are valued team memb. • Team responsiveness to parent issues/concerns • Driven by family priorities
	• State, Regional, Local Training (all audiences)	Topics identified by teams, providers, families and/or state agency personnel	• Collaborative sponsorship

Table 1, continued

Component	Process	Content	Critical Variables
4) Dissemination	• Materials/Resources/Research to Team Members, Community Providers, Parents, Policy Makers, Administrators (not on team), School Boards, state/national leaders, Others	• Team Successes, Exemplary Practices • Train-the-Trainer	• Summaries of research/journal articles and other materials are brief and "reader friendly"
5) Evaluation	• Surveys (Team, Parent, Provider) • Interviews (Team, Parent, State personnel) • SPEDIS Data (on placement) • Early Care and Ed. Priority Scale • Formative evaluation • Training Evaluation Forms	• Outcomes for families/children, providers, team members • Outcomes from team efforts, project staff efforts, training/TA • Phone logs, minutes, TA/Support Plans	• Inform teams of data/evaluation needs and procedures up front (with activities and timelines) • Reminders to teams/others • Share results
6) Replication	• Contact early care and education officials to explain project and ascertain interest • Enlist support to identify potential teams • Solicit abstracts from potential teams • Select teams in conjunction with state administrator(s) • Implement project as designed/adapt procedures as necessary	• Orientation manual, adapted RFP	• Ascertain "match" between project purpose/resources and state needs • Buy-in from state-level administrator(s) • Buy-in from two local teams • Partners within replication state to support local teams (e.g., UAP staff) •

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organizations, special and regular education, Head Start, and the Interagency Coordination Council (ICC) for Part C. Advisors brought a state-level perspective to the project while learning about pressing local issues identified by community teams. The advisory committee guided the support of local teams and assisted the project to identify and leverage resources. Seven critical variables were identified by the project regarding the advisory committee: buy-in from key state-level administrators and individuals, coordinated/shared agendas, built-in time for information sharing, common vision established, financial commitment as appropriate, communication on issues, and joint planning.

Component II: Community Teams

Selection. Teams for the project were selected by a competitive request for proposal process. In the replication state, however, the project modified this process due to time constraints and relied on state contacts to identify local leaders who might be interested in participating. Staff then mailed a packet of information about the project to those who expressed interest. A follow-up phone call with potential team facilitators resulted in teams self-identifying based on interest.

Composition. Community teams were comprised of key individuals in early care and education at the local level. At a minimum teams included the following members or representatives: a) parents of children with and without disabilities (at least one of each); b) early intervention provider; c) community preschool provider; d) child care provider; e) preschool special educator; f) school administrator; g) Head Start staff; h) community representative (e.g., children's librarian, business person); and i) family support provider. At the team's discretion, other key people were added, such as health care or mental health provider, therapist, kindergarten teacher, school board or PTA member, town or city official, children's librarian, religious leader, etc.

Responsibilities. Teams were charged with five responsibilities. These included: 1) work directly with families and children to facilitate participation in community programs (typically within their current positions, such as early intervention staff, teacher, child care provider, librarian, etc.);

2) offer individualized support to community providers who enroll children in their programs (also in the context of their current positions); 3) promote systems change in areas that prevent young children from participating in community programs (e.g., eligibility requirements such as toileting that exclude some children with disabilities); 4) raise public awareness about the importance of inclusive, quality early care and education via newspaper articles, training, or other means; and 5) network with teams and other early childhood professionals in the state.

Process. Each team engaged in a seven-step process that formed the basis for their work together: 1) orientation; 2) community needs assessment if one had not recently been completed; 3) consensus building and prioritizing goals/objectives; 4) role clarification and adoption of meeting procedures; 5) development of an Individualized Technical Assistance (TA) and Support Plan, a flexible document to assure that the teams had the necessary resources to carry out their plans; 6) monthly meetings to review progress toward goals and objectives, problem solve, share information, and plan joint initiatives, such as training or materials development; and 7) re-evaluation of priorities at the beginning and end of each year.

A number of critical variables relative to teams were identified: at least one visionary on the team, members committed prior to funding, members determine goals/objectives, parent stipends/support to participate, comfortable atmosphere, administrative support, facilitator with team building skills, common vision, activities likely to enhance community options, and use of exemplary practices.

Component III: Individualized Support for Teams, Parents and Providers

The third component of the *Community Options* model was individualized support, which began with a community needs assessment and subsequently occurred at two levels: project support of teams; and team support of parents and providers.

a) Community Needs Assessment Process

At the beginning of each year, the project and/or collaborators assisted teams to complete a needs assessment on quality indicators of early care and education, if they had not recently done so. *The Early Care and Education Priority Rating Scale* (ECEPRS, 1993) (developed and used by

the project over the past five years) or comparable instrument was used to identify priority issues on which the team focused. The ECEPRS included quality indicators on eight issues which are rated by team members relative to importance and status (i.e., extent to which they have been addressed in the community). These issues were: 1) inclusion; 2) family-centered support; 3) community-based, coordinated health care; 4) transition; 5) professional development; 6) collaboration; 7) eligibility; and 8) funding.

Teams selected 1-3 priority issues per year, depending on the magnitude of the effort involved. Teams then developed a plan to address the priorities, which included goals, objectives, timelines and responsible person(s). Teams in NH and Maine addressed multiple issues related to inclusion. For example, supporting families to enroll their children with disabilities in community programs involved finding funds for deposits or tuition; training local providers; eliminating discriminatory eligibility criteria; and arranging for a health care provider to offer support to a neighborhood program.

b) Project Support of Teams

At the start of each year, staff worked with each team to develop an Individualized TA and Support Plan, which contained a list of available and needed resources for the team to carry out their goals and objectives, responsible person(s), and timelines. At a minimum, teams received the following types of support and assistance:

- Project staff contacted the team facilitator (at least twice per month) to discuss progress and barriers. Facilitators telephoned staff and/or project consultants as needed.
- Project staff or consultants attended monthly team meetings during model development years, and less often during replication for NH teams.
- Teams had access to project-sponsored or co-sponsored training and networking events at little or no cost to team members.
- Materials (research/journal articles, orientation manual, project-developed forms and newsletters, access to videotapes, etc.) were regularly disseminated to teams.

- Staff facilitated opportunities for NH and Maine teams to network with one another, with teams in their own states, and with other programs/individuals as needed.
- Financial support (up to $10,000 in their first year for NH teams; and up to $1500 each year for two years in Maine) was allocated to teams, according to need. Additional funds to support team efforts were obtained from the project and various other sources, included state discretionary funds (Part C, Part B/619, child care, etc.), private foundations, community development funds, and businesses.

Three teams used project-related funds to hire staff to carry out project activities. Derry and Milford hired inclusion facilitators, while Concord partially supported a preschool teacher. Keene, Lebanon and Laconia used funds for training, on-site consultations, parent stipends, substitutes for community providers to attend meetings and training events, team retreats, and other activities. Derry, Milford and Concord needed additional financial support during their second year until the new staff positions were incorporated into the local system, which was provided by the NH Department of Education using Part B/619 discretionary funds. The other teams had carry-over funds that were used to support their second year activities. No team received funding directly from the project after their second year of participation.

Project fund were used by Maine teams (Bangor and Norway/Naples) to support team functioning, and for training and dissemination. Norway/Naples originally elected to use its funds to support further education for a professional seeking a career in speech pathology to assist with the shortage of personnel in this area. When no applicants were identified, Norway/Naples chose instead to support team members to participate in training events related to the project's goals.

Additional types of support requested by teams included the following:

- Concord requested assistance in finding additional grants or other sources to obtain funding for their new parent support program;
- Derry used project staff's expertise and resources to create a Parent-to-Parent program to support families during the transition from early intervention to preschool;

- Laconia asked for help in learning about rearranging staff responsibilities to better support children out in community-based settings;
- Keene requested on-site consultation on some child-specific issues at a community preschool;
- Lebanon invited staff to present on the consultative model;
- Milford wanted examples of parent manuals to help them in writing their own.
- Bangor requested samples of quality indicators for preschool and child care; and
- Norway asked for assistance in writing a proposal to fund a home/school coordinator.

Critical variables identified for this component included: clear roles and expectations, clear description of available support, creative problem solving, support to implement exemplary practice, driven by team priorities, and flexible TA plans and timely support.

c) Team Support of Providers and Families

The process by which teams offered support to families and providers varied across teams, providers and families according to resources and needs. Examples of support included:

- providing information to families and providers about available options, the special education system, and other topics of interest;
- visiting programs with families to support them to choose one that best met their needs;
- offering resources and materials such as video tapes, articles, developmentally appropriate toys, parent education materials, etc.;
- providing direct service, consultation, and technical assistance to providers regarding the program in general (if requested) and individual children, both on site and via telephone; and
- providing training and opportunities to network with peers and other families.

Critical variables for this component were nearly identical to those for project support of teams. In addition to the above-named variables, the project identified two variables directly linked to the success of this component:

Firstly, *support must adhere to family-centered principles, which were adapted from an existing set of principles* (Edelman, 1991) and applied to work with community providers. For example, just as family-centered principles call for providers to "respect family values," "recognize

that they are guests in the lives of the families," and to "acknowledge the contribution that families bring to the partnership," teams offering support to community providers were requested to respect their values (even if they didn't agree with these values),to recognize that as consultants, they were "guests" of the community programs and should act accordingly, and to acknowledge the strengths that community providers brought to the partnership with team members. This last example was critical in order to develop relationships that avoided the "expert to learner" approach in favor of true partnerships.

Secondly, *support must be individualized and allow sufficient time for communication and consultation*. Several teams used the Individualized TA and Support plan as a tool in their work with community providers. This approach helped to assure a match between provider needs and preferred learning styles and the supports available from team members. Four of the six NH teams used the ITASP and found it very helpful. It is interesting to note that feedback from community providers to teams not using this approach indicated more frustration with the amount and nature of support from teams than for teams that did use the ITASP. This finding was particularly true when supports and technical assistance came from school district personnel.

Component IV: Dissemination

Community Options assured that existing and newly-developed materials were distributed in various formats to wide audiences throughout the demonstration and outreach states and elsewhere. At the state level, advisory committees received and disseminated all relevant materials/information to constituents. Teams received information and materials at monthly meetings, which, they in turn distributed to families and community providers whom they supported. Project staff and teams engaged in public awareness activities throughout the duration of the project, such as distributing press releases, participating in community fairs and conference poster sessions, and conducting radio interviews. Materials were disseminated to state and national clearinghouses, public libraries, and via the Internet. Materials were produced in a "user-friendly" format as necessary, including close captioning for a video and a brief "fact sheet" for legislators. The project was prepared to offer any alternative format for project-developed materials if

requested, including large print, Braille, in Spanish or other languages, etc. Appendix A contains a list of products and sample products developed through the *Community Options* project by staff or collaborators. Critical variables for this component included: reader-friendly, useful formats, timeliness and access to regular and specialized media.

Component V: Evaluation

The comprehensive evaluation plan for this project assured that project processes and outcomes were properly documented. Evaluation activities and sources for the project included surveys, interviews, state placement data, community needs assessment, and others. The project included ongoing external evaluation by Mr. John Hornstein of the University of Southern Maine (Years 1-3), and an external review by Ms. Jane Ross-Allen of the University of Vermont/UAP at the end of Year 3 to evaluate the project's model, successes during development and likelihood of successful replication. Critical variables for evaluation included: inform teams of data/evaluation needs and procedures up front, reminders to teams/others of pending needs and sharing results.

Major Outcomes

Targeted outcomes produced by the project during its three years of model development were described in detail in previous reports. These outcomes are summarized in Table 2.

Table 2: Summary of Anticipated and Actual Outcomes for *Community Options* for Years 1-3 (Model Development)

Anticipated Outcomes	Actual Outcomes
• a minimum of **250** young children with disabilities and their families would receive support to fully participate in community programs	• **301** children were included in Years 1-3
• the number of community programs (i.e., child care, preschool, recreation, library, etc.) available to include young children and their families would increase within each of six target communities	• teams added **50 program options** in Years 1-3
• the number of children enrolled in self-contained programs would decrease	• target communities showed a **27% decrease** in 3 years; 5% state-wide •
• the quality of early care and education programs (as perceived by parents, teams and local providers) would be enhanced within target communities	• **quality reportedly increased** in all target communities •
• the systems change activities undertaken by teams would enhance local capacity to include young children and their families as well as the quality of programs	• **achieved** (see outcomes for teams)
• at least five parents of young children per year would participate in the NH Leadership Series	• **more than 5 families** per year participated
• • in addition to inclusion, teams would effect positive changes in their communities in seven areas of early care and education that were self-selected from among those defined in the *A Vision for Early Care and Education in New Hampshire* monograph, including: collaboration; funding; eligibility; family-centered support; training and technical assistance (personnel development); community-based health care; and transition	• among the six teams, **all areas were targeted**
• training, technical assistance, and other project activities would result in increased skills, knowledge and awareness for team members, providers and families	• **achieved**, according to evaluation results for training and TA
• collaboration at the state level would support systems change activities and services for families within local communities	• **achieved**, according to state-level advisors
• project materials and findings would contribute to quality early care and education in general and to the work of families, providers, teams and others in their efforts to promote quality, inclusive early care and education	• teams and project staff generated/disseminated over **28 products** in Years 1-3

The focus of this section is on anticipated and actual outcomes for the project's replication efforts in Maine (Years 4 and 5), as well as on additional outcomes for the NH teams during this time period.

Outcomes in Maine

"Through a variety of group exercises the team was able to focus on what the real needs were and how to achieve them."

Survey participant

"Even with a small membership, the commitment and dedication to see this through was outstanding."

Survey participant

During Year 5, five team members from the Bangor and Norway/Naples teams completed a written survey (in Appendix B) on the team process and outcomes. Participants included four early intervention representatives and one representative from a community provider agency. Although the teams in Maine tended to be smaller in number than those in NH, response rate for the survey still was very low. However, respondents did include the two team facilitators, who are also the program directors of the early intervention programs in their areas.

All five respondents indicated *that opportunities for inclusion in their area had increased as a result of the project.* When asked to describe the ways in which opportunities had increased, the following answers were given: the education of child care providers at conferences enhanced awareness and skills; public awareness was raised within the community regarding resources to assist providers to serve children with special needs; and plans to secure funding and implement a home visitors program will dramatically expand options.

Several barriers were named as interfering with the process of promoting inclusion, along with strategies that were employed to overcome these obstacles, as described below:

- Community providers reported to team members that funds for training staff were inadequate or unavailable. Teams "spread the word" about where and how to apply for scholarships/training.
- Attendance at meetings and conferences by team members was poor, so teams conducted outreach via telephone, fliers, mailings, etc.

- When the team lacked focus, a PATH process (summarized in Appendix C) was conducted, facilitated by the project's UAP partners from the University of Southern Maine;
- All three Norway/Naples team respondents indicated a problem with funding early care and education, which they are "still working on."

One respondent indicated that inconsistent team membership was a problem. However, the PATH process appeared to help with this issue as well by providing focus for the group regardless of who attended which meetings. Finally, one person named "low salaries for teachers" as a barrier, but no solution had been implemented.

All respondents indicated that their teams worked "extremely well" (N=3) or "well" (N=2) together. Four of five survey participants reported that team membership was appropriate to the task of improving quality, inclusive services. One person, however, felt that parent representation was lacking. All participants indicated that the team procedures and processes were adequate to address their tasks. One participant described the group as "versatile, competent, diverse team members." A second person noted that there was "too much time in non-production," but "eventually" the team worked well together. A third offered the following opinion:

All team members did as much as they could to make the project a reality.

When asked how well technical assistance from the project addressed their needs, all five participants responded "well" or "extremely well." One person stated, " Between the Institute and the Center for Community Inclusion, our issues were addressed and support put in place."
Only one person had a comment when asked for suggestions to improve technical assistance and support to teams: "leadership and focus are key elements in creating more inclusive opportunities."

Top Successes

Survey participants named the following when asked to describe the team's top three successes:

- Developing a model that will benefit the district so dramatically;

- That a group from diverse situations was committed to attending the monthly meetings to assess/address community needs;
- Ability of team to work together - our proposed model;
- Peer support and networking;
- The conference [attended by nearly 150 providers and parents from throughout the state] (named by two people);
- [We] brought together people from diverse backgrounds and skills;
- [The team] capitalized on strengths;
- Workshops promoting inclusive values and these ideas being shared within [participants'] agencies;
- identifying new members in the community who are interested in serving children with special needs; and
- endorsing and promoting early care and education within the greater Bangor area.

Team members offered the following advice for other communities seeking to enhance the quality of early care and education services:

- Meet with a more consistent schedule;
- More outreach;
- Offer services to individuals and particular centers at request;
- Promote more opportunities for direct care folks to be at the table;
- Become aware of all parties involved in working with young children and make a point to meet and discuss needs and ways to meet these needs; and

- Develop a model/use a model developed to fit their needs.

State-level Committee

As a final, *Community Options* "wrap up" activity for Maine's state-level advisory group, the project enlisted the help of NEC*TAS' Nancy Fire to facilitate a day-long planning meeting to identify priority areas on which the state would focus. In attendance were: a parent; representatives from the Maine Department of Education, Office of Child Care and Head Start, Center for Community Inclusion, and Public Health; and the Institute on Disability/UNH. Priority goals were identified in six areas, including training, mentorship, survey/data collection, mission statement, financial, and outreach education. Summary information from the planning session and a subsequent meeting to prioritize goals within each area is in Appendix B.

Statewide Conference

As part of an early childhood seminar series hosted by the Center for Community Inclusion, the project co-sponsored a state-wide conference on quality, inclusive practices on November 19, 1998. Mr. Norman Kunc of Axis Consultation and Training, Ltd.; and Dr. Bruce Mallory, Dean of the Graduate School, University of New Hampshire, provided training for the day-long session on the Importance of Belonging and the Reggio Emilia early childhood model, respectively. The conference was attended by about 150 child care providers, parents, state agency representatives and early care and education providers from the early intervention field and school districts. Both sessions were rated very highly by the vast majority of participants.

As one outcome of the series, the Center for Community Inclusion produced and disseminated an excellent manual, entitled, "*Creating Inclusive Early Care Communities: Building a foundation for Cooperative Behavior*" (Labas, Kendrick, Bilodeau, Son, & Gooldrup, 1999). (in Appendix A).

Lessons Learned from Replication

Although the project obtained less dramatic outcomes when implemented in a shorter time frame and within a different early care and education system than in New Hampshire, our partners and constituents reportedly believed that the model did in fact work for them. Both teams had targeted increased collaboration among early care and education providers, increased access to quality services for families of young children and increased awareness of inclusive education--all of which they listed among their top successes. Both teams plan to continue their efforts in this area. According to Kathy Seitel, Director, Child Development Services in Bangor, and team facilitator:

> During the past year our team in Bangor, Maine was able to develop a technical assistance process to facilitate the integration of young children with special needs into regular child care settings, develop a training model to foster knowledge of and skills in collaborative consultation with early intervention specialists; and provide the training for child care providers in an effort to coordinate and enhance early intervention and special education services for young children. The *Community Options* project helped us to meet community goals and work together to include families and children with disabilities in regular settings.

At the State Planning Team level, the project was able to support a day-long planning session to assist the group to identify a focus area or areas that would produce imminent, observable outcomes.

One original goal for replication was to assist Maine to adopt/promote the model (or relevant parts thereof) throughout the state. This goal was never realized. However, our UAP partners from the Center for Community Inclusion (Labas and Kendrick) have expanded their work with early care and education providers around the state, using a PATH process to identify priorities, while promoting the values and practices of *Community Options* and sharing strategies

and materials from the project. Linda Labas offered the following reflections on working with *Community Options*:

> Through the *Community Options* project, the local teams and state level representatives have received expanded support in assisting community early care and education providers and families to learn about inclusive practices. With the financial and programmatic support and technical assistance provided by *Community Options*, we have been able to offer additional training and provide a forum for teams to network, discuss and reflect about the services and supports their communities provide and/or should provide to families and young children. In addition, through this collaboration, the team in Maine learned from the experiences of the teams in New Hampshire. Specific sharing and problem solving has taken place around training curricula, best practices in early care and education, research, funding collaboratives, policy and legislative initiatives and pubic awareness and information dissemination.

Outcomes in New Hampshire for Years 4 and 5

The *Community Options* project continued to support, but in a very limited way, the five remaining New Hampshire teams. Teams received publications and materials (such as the video tape and newsletter) and periodic telephone calls to "check in." Upon request, staff attended a team meeting to assist with specific issues, such as how to continue in Derry when school representatives dropped out of the process, or assisting Keene to persuade a new special education administrator about the value of inclusion and importance of the team's efforts.

To learn about additional outcomes for teams and to tap the wisdom of their experience after 3 to 5 years with the project, staff conducted a focus group interview with each team during the fall of 1998 and spring of 1999. Teams were questioned about:

- their greatest successes over the past year and to what they attributed these outcomes;

- their biggest challenges or frustrations over the past year, to what they attributed these obstacles, and how they surmounted these challenges;
- any hindsight they might have if starting the process all over again;
- the effectiveness of the team process;
- aspects of the team's efforts that will continue;
- next steps for the team and/or community; and
- advice for new teams.

Thirty-three team members from the five teams participated in the focus group interview, offering valuable reflections on their experiences. Highlighted below are examples of responses to the various questions. A team-by-team summary of the focus group interviews appears in Appendix D.

Examples of Greatest Successes in the Past Year:

- established a network of early care and education providers and a network of families;
- program/staff expansion;
- children's growth and development (including "graduation" to kindergarten);
- family involvement, including establishing a parent advocacy group;
- support to community programs and parents (e.g., technical assistance, transition forums);
- established the team as an "entity";
- working relationships among team members and providers;
- increase in receptivity of community providers to enroll children with significant disabilities; and
- increase in the quality of early care and education in the community.

Team members attributed their successes to a variety of factors. Commitment, enthusiasm, hard work and collaboration among team members were frequently cited; as were a willingness to accept challenges and to "stretch" themselves, love of children and working together over a period of time.

Examples of Frustrations and Challenges

Time, logistics and money/funding were named by every team as obstacles to their goals. Other frustrations involved staff turnover; lack of administrative support; lack of clear or common goals and vision, either among team members or between team members and administration (within their own agencies or between agencies such as the area agency and school district); attendance at team meetings and training events; and availability of staff and services for young children (e.g., aides to support young children with autism).

Examples of ways in which teams had addressed the obstacles included: concerted efforts to identify funding sources; established a parent group to assure that families receive information about options besides the school district's self-contained program; and scheduled meetings in the evening to increase attendance.

Hindsight about the Process

When asked what, if anything, they would have done differently, participants replied as follows: break the larger committee into smaller groups sooner in the process because it was difficult to accomplish work in the large group; establish non-profit tax status earlier in the process for fundraising purposes; more role clarification; more administrative involvement; more training in the consultative model; create contracts with community providers; and emphasize with team members the need for flexibility in roles and responsibilities.

Reflections on the Team Process

""I feel that the team process has been effective in achieving our priority goals. Through the team we have linked preschools, services provided, families and public schools. Personally I feel the team approach has helped to validate the work we do in the preschools."

Focus group participant

Although nearly all participants indicated that the team process was an effective one for carrying out their goals and objectives, two individuals did not. One was unclear about what their overall goals *were* and another commented,"The team process was horrible because we needed more structure, focus and clear goals. The group in the beginning was too big and awkward and

directionless." The latter comment was from a team that eventually broke into subcommittees to address different issues.

Continuation of Team Efforts

All teams indicated that their work would continue, in whole or in part, after the five-year project ended. Four of the five teams had continued to meet after the model demonstration period ended, while a fifth team, Laconia, phased out its meetings during Year 4. Examples of ways in which the teams' work would carry on were:

- Lebanon and Derry had formed networks (one for early care and education providers and one for parents, respectively) that are ongoing.
- all teams will continue to promote inclusive placements for preschoolers and to offer technical assistance to community providers who include children with disabilities in their programs;
- all teams will continue to collaborate with providers and parents;
- Keene plans to continue the arena assessment process started through team efforts;
- Laconia will continue the transition processes established through the work of their team (from early intervention to preschool and from preschool to kindergarten);
- several teams plan to continue to offer training for community providers and parents; and
- Concord plans to continue their preschool, Family Center and after school programs.

Next Steps

"The work is never ending. As staff changes in community sites and new children with new needs come along, there is always a need for our assistance, although the form that it takes may be different."

Focus group participant

"I don't know what the next steps are, but it is helpful knowing that there is a link to a chain far more encompassing than our small city and our team. Learning what is going on in other communities always helps to keep our own work in perspective."

Focus group participant

Several areas were identified on which one or more people would like to see the team focus in the future. These included: assisting parents to choose programs that best meet their and their children's needs; continuing to develop broad community support; and assuring that the preschool coordinator for the district can continue to fulfill the functions of the team that she assumed as team facilitator (e.g., communication).

For their communities, team members would like to see a number of changes. These included: providing more funding and support for early care and education (e.g., for trained staff; education); providing more information to parents and assuring that they are aware of the options; making sure that all preschool children are identified early; expanding the process outside of the community of focus; and embracing the philosophy that all children belong.

Advice for Other Communities

" Don't take anything for granted. You need to educate people every step of the way. Take it slowly, maybe even one step at a time."

Focus group participant

All of the teams had words of wisdom to share with other communities considering a similar undertaking. Several had to do with the process (e.g., conduct a needs assessment with new programs to find out what they are doing; secure administrative support from the start, both physically and philosophically; "be prepared for the process to take longer than you expect - be patient - the outcome is worth it"). Other advice concerned team composition or functioning, such as "make sure you have lots of parents participating from the beginning," "sort through the different needs and expectations of each member," and "know that it takes time, work, energy and patience." Finally, some advice was generic: "Be very careful to identify the issues that already exist between people and agencies at the table."

As Table 3 shows, five of the six original *Community Options* teams in New Hampshire have continued the positive trend toward inclusive placements for young children within their communities. Statewide, there was no change in the percent of preschoolers included in modified regular classes from the time the project began in 1994 until its end in 1999. Four of six original

Table 3: Percent of Preschoolers, ages 3-5, in Modified Regular Classes from 1992-1999 (*Community Options* Communities and Statewide)

		Baseline		Project Years					
	Range in Total N of Preschoolers 1992-1999	1992-93 (%)	1993-94 (%)	1994-95 Year 1* (%)	1995-96 Year 1** (%)	1996-97 (%)	1997-98 (%)	1998-99 (%)	Change in % from Teams' Year 1***
Concord*	57-87	38	48	59*	63	75	81	78	+19
Derry*	42-60	2	14	35*	55	63	63	70	+35
Laconia*	26-67	31	17	27*	27	64	59	65	+38
Keene**	55-72	72	72	80	76**	83	85	80	+4
Lebanon**	25-35	82	77	94	74**	88	77	78	+4
Milford**	13-35	31	16	15	40**	23	46	40	0
Statewide Total	**2300-2869**	**49**	**51**	**54**	**54**	**55**	**58**	**54**	**0** (from Project Yr. 1)

*** Indicates change in percentage of preschoolers placed in modified regular settings from each team's first year working with Community Options and the final year of the project

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teams decreased the number of preschoolers placed in self-contained programs, as Table 4 shows. Lebanon showed no change in this statistic because it had no preschoolers in self-contained programs when the project began and none when it ended. Keene showed "ups and downs" with their efforts to place children in inclusive programs. In part, this may be attributed to a change in school administration. Statewide, there was a slight (3%) increase in the percent of children placed in self-contained programs from Year 1 to Year 5.

During Years 4 and 5, Federal project funds provided invaluable support that enabled staff to provide a great deal of technical assistance at the state level concerning young children with disabilities and their families. Project staff continued to have a strong presence on state policy and advisory committees, such as the Interagency Coordinating Council, Child Care Futures Search group, Health and Human Services Child Care Bureau Work Group on Differential Reimbursement Rates, Family Resource Connection and others.

Among the important project outcomes related to policy and statewide efforts were the following three accomplishments:

- *Created a venue for ongoing system change through NH' State Improvement Grant.* Staff assisted the NH Department of Education to write its State Improvement Grant, and attempted to assure that a strong early childhood focus would be a part of this major initiative (NH received $600,000 per year for three years for the SIG).As a result, districts that participate in SIG will evaluate their preschool programs relative to a set of quality indicators that includes those promoted by the project. Also, as schools request assistance with restructuring efforts from the NH DOE or the Institute on Disability, they will be encouraged to include preschool as part of their overall restructuring initiative.
- *Funding for continued/expanded work.* Staff secured joint funding from four state programs for a training project in autism, and a contract from the NH Department of Education to continue its technical assistance work to promote quality, inclusive early care and education.
- *Statewide adoption of model processes.* Project staff facilitated a regional review process of early supports and services (Part C) in 10 of NH's 12 developmental services regions for the

Table 4: Percent of Preschoolers, ages 3-5, in Self Contained Classes from 1992-1999
(*Community Options* Communities and Statewide)

		Baseline		Project Years					
	Range in Total N of Preschoolers 1992-1999	1992-93 (%)	1993-94 (%)	1994-95 Year 1* (%)	1995-96 Year 1** (%)	1996-97 (%)	1997-98 (%)	1998-99 (%)	Change in % from Teams' Year 1***
Concord*	57-87	60	50	35*	35	25	16	20	-15
Derry*	42-60	98	86	64*	43	35	33	30	-34
Laconia*	26-67	48	31	21*	0	2	2	3	-20
Keene**	55-72	20	26	17	11**	14	10	20	+9
Lebanon**	25-35	0	0	.30	0**	0	0	0	0
Milford**	13-35	54	74	42	20**	11	16	10	-10
Statewide Total	**2300-2869**	**39**	**36**	**33**	**34**	**34**	**32**	**36**	**+3** (from Project Yr. 1)

*** Indicates change in percentage of preschoolers placed in Self Contained settings from each team's first year working with Community Options and the final year of the project

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Interagency Coordinating Council. As a result of recommendations from this effort, as well as the work of a "Early Supports and Services Self-Assessment Process" committee on which staff participated, the lead agency for Part C (NH Division of Mental Health and Developmental Services) has adopted a process for needs assessment, action planning and technical assistance/support that is similar to that of the project.

- *Ongoing dissemination through the Family Resource Connection and other mechanisms.* Five years ago, project staff recommended to state officials that a clearinghouse of information and resources be established, using Illinois' Birth to Three Clearinghouse as a model. Staff worked on a state committee to implement this recommendation, which has been in operation for three years and is widely used by providers and families. Staff will continue to disseminate high quality materials and information via the FRC and other sources.

Recommendations for Future Work in this Area

Despite heartening indicators of progress toward quality, inclusive education for all young children, much work remains to be done. During the 1995-96 school year, 45.7% of preschoolers with disabilities in the U.S. received educational services in restrictive settings, including "resource rooms," separate classes, separate facilities, or residential facilities (U.S. Department of Education, 1998). Although this figure represents an improvement in inclusive placements for preschoolers over 1992-93 statistics (50.8% in restrictive environments), too many young children are still segregated from their peers.

Community Options represents one model approach that successfully promoted positive change within two states. Models such as this must be disseminated and adopted to assist the field of early care and education to move forward.

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Appendix A:
Products List and Samples for Community Options and Partners

Community Options Products and Dissemination Information

Product Type/ Name	Description	Audience	Dissemination Strategy
• packet of awareness materials	• includes the *Vision...* monograph, *Daring to Dream*, letter to school boards, and article on preschool inclusion	• school boards, superintendents	• mailed to school board chairs with request to share with other members; contacted PTA, family support coordinators or other local contacts to follow up with school boards
• resource packets	• includes current articles and information of interest on inclusive early care and education in topical packets; developed as part of handouts for workshops	• community teams, Head Start programs, other early care and education providers and parents	• disseminated as part of workshop materials and to community teams; others upon request
• T-shirt and coffee mug	• to promote awareness of inclusive early care and education; with quote from Martin Luther King, "We may have come on different ships, but we're all in the same boat now."	• general community	• displayed at national, state and local conferences; disseminated to teams, project advisors and other collaborators
• video/ manuals: *Beyond the IEP*	• 20-minute videotape produced from slides for use with accompanying manuals in a 1 1/2 hour training session on a holistic approach to IEP development; produced in collaboration with Head Start	• early care and education providers, parents, support staff (bus drivers, etc.)	• presented at national, state and local conferences by provider/parent teams
• news-letter/news articles: *Early Edition*	• includes articles published by staff in the NH Challenge newspaper and newsletters; three volumes of *Early Edition*, the project's newsletter	• general audiences	• disseminated to teams, advisors and other audiences

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Products and Dissemination Information (continued)

PRODUCT TYPE/ NAME	DESCRIPTION	AUDIENCE	DISSEMINATION STRATEGY
• Orientation Manual	• includes information on the model processes and strategies; surveys, community needs assessment, forms and other information	• early care and education providers, state agencies, parent organizations, others with an interest in inclusive early care and education	• Updated and disseminated to replication state; included in Institute publications list, Internet Web page; updated copy to NEC*TAS, state/national clearinghouses, other appropriate sources; notices sent to early care and education providers, parent organizations and state agencies (Part C and B, child care coordinators, etc.)
• certificate of congratulations	• "certificate" that reinforces companies and others for good ideas, inclusive materials, portraying children with disabilities in an inclusive, positive light, etc.	• toy manufacturers and stores, catalog companies, media representatives, etc.	• disseminated to community teams, collaborators, advisors, parent organizations and others in state; used above sources to distribute to appropriate audiences nationally
• packet: *Awareness without the Disability Week*	• packet of materials on appropriate methods to enhance awareness of disability issues, including checklist of appropriate materials fore early care and education settings, and a bibliography of children's books	• early care and education providers, families	• presented at state and national conferences; disseminated to state and national audiences using above strategies
• Web page for the Internet	• description of project, contact persons and other information of interest	• Internet users	• will continue to work with Institute's Web page consultant to keep this updated
• book chapter	• exemplary practices in inclusive early care and education (based on project findings and other sources)	• general community	• To be published by Paul H. Brookes (available June, 2000)

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Products and Dissemination Information (continued)

PRODUCT TYPE/ NAME	DESCRIPTION	AUDIENCE	DISSEMINATION STRATEGY
• monograph: *"Creating Inclusive Early Care Communities"*	• compilation of information from a four-part seminar series on educational theory, specific strategies, and practices to address increasing incidence of behavioral issues in early care and education settings	• early care and education providers, families	• developed by/available from the Maine UAP, Center for Community Inclusion
• video: *"The Magic of Belonging"*	• short video of personal reflections, a collection of photographs and an original song portraying the importance of belonging	• school boards, PTAs, civic groups, early care and education professionals, parents, businesses, preschool/ school-aged children, college students	• disseminated to community teams, state advisory board, national UAP directors, national leaders in Early Care and Education, others
• packet for parents: *"What You'll Want to Know about Choosing an Early Childhood Program"* •	• resource packet of information developed by parents and professionals, to provide support and information to parents of preschool aged children with disabilities	• parents of preschool aged children with disabilities, early care and education providers	• disseminated to parents of children receiving Early Intervention services and supports and other parents of preschool aged children
• project-developed needs assessment and evaluation instruments	• parent surveys, team surveys, community provider surveys, focus group interview questions for state advisors, focus group questions for teams, *Early Care and Education Priority Rating Scale*	• project constituents	• disseminated at data collection times throughout the project
• team-developed materials	• checklists for families (e.g., on transition), resource notebooks for families, contracts and Individualized TA and Support plans for providers	• team constituents	• disseminated via team members within their communities

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Center for Community Inclusion

Maine's University Affiliated Program
University of Maine
Maine's Center for Interdisciplinary Education Research and Public Service in Disability Studies

Early Childhood Seminar Series:

CREATING INCLUSIVE EARLY CARE COMMUNITIES

Seminar I: Belonging

Building a Foundation for Cooperative Behavior

November 19, 1998
Ramada Inn
Lewiston, Maine
(Located off Exit 13 of theMaine Turnpike)

Registration: 8:30-9:15
Conference: 9:30-4:30

Sponsored by:
Center for Community Inclusion, Maine's UAP
University of Maine
Institute on Disability, New Hampshire's UAP
University of New Hampshire
Maine Department of Education
Maine Developmental Disabilities Council

About the Project

The Community Options in Early Care and Education project is a collaborative project of the Center for Community Inclusion, Maine's UAP at the University of Maine and the Institute on Disability, New Hampshire's UAP at the University of New Hampshire. LEARNS: Early Childhood is a collaborative project of the Center for Community Inclusion and the Department of Education. Both projects are funded to improve access to and quality of early child care and education experiences for all infant, toddler, and preschool children in Maine including children with disabilities.

About the Series

In recent years, early childhood educators have become increasingly alarmed by both the increasing numbers and severity of problem behaviors seen in young children. Often the response to this situation tends to focus on behavioral intervention, with the intent on developing "quick fix" solutions to complex issues. Not surprisingly, this approach frequently has disappointing results for everyone. In contrast, this four part series will change the focus! With an emphasis on preventing problem behaviors through the creation of environments which build community, foster friendships and teach children to develop skills for peaceful conflict resolution and problem solving, this series will provide participants an opportunity to rethink what we do to nurture and support young children.

Seminar One: Belonging

Agenda

8:30- 9:15	Registration
9:15-9:30	Welcome & Introduction- Lu Zeph, Ed.D. Director of Center for Community Inclusion
9:30-11:00	*"Relationships & Reflections: Lessons from Reggio Emilia"* Bruce Mallory, Ph.D.
11:00-11:15	Break
11:15-12:30	Bruce Mallory, cont.
12:30-1:30	Lunch
1:45-4:00	*"Belonging Right From the Start- Supporting Young Children in Community Settings"* Norman Kunc, M.A.
4:00-4:30	Conference Evaluation

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Seminar One Presenters

Bruce L. Mallory, Ph.D., is currently Dean of the Graduate School at the University of New Hampshire. Prior to this appointment in 1997, he was a professor of special education and early childhood at UNH, where he specialized in the preparation of teachers, therapists, and program administrators for early intervention programs. His research and publications have focused on the effect of public policies on young children with disabilities and their families, cross-cultural studies of responses to childhood disability, and the reconceptualization of early childhood theory and practice to include children with developmental differences. He presently is co-prinicpal investigator, with Rebecca New, in a long-term investigation of cultural values, local practices, and early childhood programs and policies in northern Italy.

Norman Kunc, M.A. *(pro. Koontz)*, is a family therapist, educational consultant and internationally known speaker on issues of importance to people with disabilities, their families, and professionals. Norman and his wife Emma Van der Klift are the co-directors of **AXIS CONSULTATION AND TRAINING LTD.** a private consulting firm which provides in-service and consultation in the areas of inclusive education, employment equity, conflict resolution, and disability rights issues.

Session Description

Relationships and Reflections:
Lessons from Reggio Emilia

As most educators know, the inclusion of children with a wide range of diverse abilities and needs in early childhood classrooms presents both a challenge and an opportunity. What is most important is that differences among children be viewed as resources rather than obstacles. That is, an effective learning community depends upon variation in talent, perspective, experience, and disposition. From this point of view, the presence of young children with disabilities represents an essential ingredient for learning on the part of children as well as adults in early childhood programs. This claim is supported by ethical, legal, and empirical rationales that have developed over the past 20 years and led to current efforts to create optimal and inclusive learning environments. this session will critically examine those rationales and draw upon new information from a cross-cultural study of high quality early childhood programs in Reggio Emilia and other progressive Italian communities. The fundamental principles of democratic participation , citizen dialogue, and respect for the rights of young children will be emphasized in our interactive conversation.

Belonging Right from the Start:
Supporting Young Children

Is inclusion realistic for young children with disabilities? What if a child has extensive needs? NORMAN KUNC SAYS ABSOLUTELY. In a fast paced and challenging presentation, Mr. Kunc explores the attitudes, assumptions, and fears that prevent young children with disabilities and their families from being included in typical activities and programs. Born with cerebral palsy, he has first hand experience with the challenges of disability. This workshop is geared to parents of young children with and without disabilities, teachers, therapists, child care providers, and others.

Registration

Early Childhood Seminar:
Creating Inclusive Early Care Communities
Part I: Belonging
November 19, 1998

Name:_____

Address:_____

_____

Telephone:_____

School/Agency/Affiliation:_____

Will you require any special accommodation? (If so, please specify.)

_____

Any Diet Restrictions:_____

Meal Choice: ☐ Baked Vegetarian Lasagna
☐ Grilled Herb Breast of Chicken

Costs:

Early Registration	**$25.00**
Registration After 11/12/98	**$35.00**

A limited number of scholarships are available for parents, surrogate parents, and guardians not employed in the early care and education field. Please call Nancy at (207) 581-1084 for more information.

In addition, providers and teachers are encouraged to contact their regional Child Care Resource Development Centers and/or Child Development Services sites about scholarships and other support available to assist with participation.

Applications for CEU credit will be available at the seminar.

Please send check or purchase order made payable to **University of Maine** to:

Early Childhood Seminar
Center for Community Inclusion, UAP
University of Maine
5717 Corbett Hall
Orono, ME, 04469-5717

For more information:

(207) 581-1084 (voice)
(207) 581-3328 (TTY)
(207) 581-1231 (fax)

More About the Seminar Series

CREATING INCLUSIVE EARLY CARE COMMUNITIES:
BUILDING A FOUNDATION FOR COOPERATIVE BEHAVIOR

Seminar 1, "Belonging," brings together internationally known speakers, Bruce Mallory who will be discussing the rationale for inclusion and its contributions to early childhood model programs, including the Reggio Emilia approach; and Norman Kunc whose presentation will focus on the attitudes, assumptions and fears that prevent children with disabilities from becoming fully included in their communities.
(Thursday, November 19, 1998- Ramada Inn, Lewiston)

Seminar 2, "Fostering Friendships," will look at the critical role meaningful relationships play in a child's life and personal growth. Lead by Mara Sapon-Shevin, Ed.D., this presentation will provide specific strategies (music, games and children's books) teachers and other caregivers can use to faciliate the development of reciprocal friendships and pro-social skills.
(Friday, March 5, 1999, Senator Inn, Augusta)

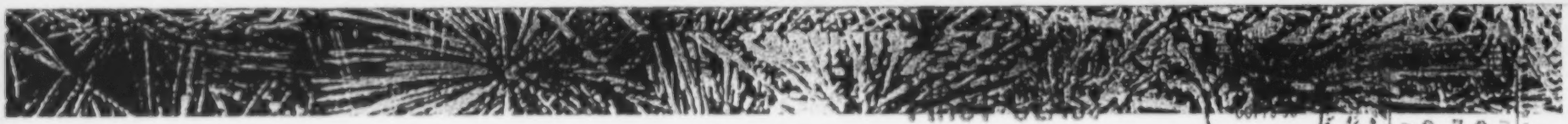
Seminar 3, "Building Peaceful Classrooms," presented by Diane E. Levin, Ph. D. will: (1) examine the assumptions, structures, and routines that can contribute to meaningful community participation and safety; and (2) discuss strategies for developing multi-faceted solutions for dealing with violence in the classroom.
(Friday, May 7, 1999, Senator Inn, Augusta)

Seminar 4, "Pulling It All Together with Positive Supports," presented by Linda Labas and Martie Kendrick will complete the series. Through a sampling of hands-on activities and discussion, participants will explore a multidimensional approach to creating inclusive early care communities that promote understanding, skill building and personal growth for all children and the adults who care for them.
(Friday, June 11, 1999; Senator Inn, Augusta)

Participants are encouraged to attend the series, since each seminar builds on the next.

Special Features of Our Four Part Series

- Nationally and internationally recognized experts as well as local early care and education providers "from the field" will share their experiences and offer ideas and strategies.
- Varied format to address participants' different learning styles including lecture, discussion, and hands-on activities.
- Program will examine the elements of creating healthy places and spaces for all children, including children with disabilities, to play and learn together.
- Participants will have the opportunity to problem solve and network with others in attendance including early educators, public school teachers, child care providers, Head Start teachers, developmental therapy aides, speech-language pathologists, occupational and physical therapists, and other service providers, parents and family members of children with disabilities.
- Exciting early childhood model programs and strategies will be shared.



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Maine's Center for Interdisciplinary Education, Research, and Public Service in Disability Studies

Appendix B:
Maine Survey and State Planning Team Meeting Summary

Community Options in Early Care and Education
Community Team Survey

The following questions are intended to supply information related to the US Department of Education--funded *Community Options* project of the Institute on Disability/UAP at the University of New Hampshire. The information you provide will be used to determine both whether and how the project is meeting its stated goals. We are not evaluating the quality of individual community programs, but are interested in how local programs work together to meet the needs of families. Although we may wish to include your input in summary evaluation reports, all identifying information will be kept confidential. Thank you for your prompt and honest responses.

Community: _____ Date: _____

Job Title (e.g., speech therapist, administrator): _____

What agency or group do you represent on your community team (e.g., early intervention, parent, child care)?

_____

1. How long have you been involved with your community team?_____
(months)

2. Do you feel that **opportunities** for inclusion have increased in your community for children with disabilities as a result of the *Community Options* project (this refers specifically to your team's efforts as well as the project at large)?

_____ yes (IF YES, In what ways?) _____ no (IF NO, Please comment)

3. What (if any) barriers did your team encounter while working to improve quality, inclusive services and supports in your community?

4. How did your team overcome these barriers?

5. Did the Institute on Disability or Center for Community Inclusion staff assist you in addressing the barriers?

_____ yes (IF YES, In what ways?) _____ no (IF NO, Please comment)

6. Was representation on your community team appropriate to the task of improving quality, inclusive services?

_____ yes _____ no (IF NO, Who was missing from the team?)

_____

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7. Were your team's procedures and processes adequate to address the team's tasks?

_____ yes (IF YES, In what ways?) _____ no (IF NO, Please comment)

8. How well did your community team work together to meet your goals and objectives?

_____ extremely well _____ well _____ somewhat well _____ not well

Comments:

9. How well did the **processes and procedures** implemented by the Institute on Disability and/or Center for Community Inclusion staff meet your needs and those of your team (for example, telephone contact, attendance at team meetings, connection to resources and peers, etc.)?

_____ extremely well _____ well _____ somewhat well _____ not well

Comments:

10. How well did Institute or Center for Community Inclusion staff address your team's technical assistance needs (e.g., Were the right resources and supports offered? Did you receive what you wanted in a prompt, timely fashion?)?

_____ extremely well _____ well _____ somewhat well _____ not well

Comments:

11. Do you have any suggestions for improving the technical assistance and support offered to *Community Options* teams?

12. What were your team's top three successes?

13. As a result of your experience with *Community Options...*, do you have any suggestions that might help other communities improve services and increase quality, inclusive opportunities for young children with disabilities?

Many thanks for your input!

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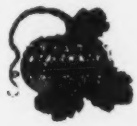
State Planning Team for Inclusive Early Care and Education

Meeting Minutes 10/8/99



Participants:

Nan Simpson	Linda Labas
Martie Kendrick	Nancy Isaacs
Sharon Gilbert	Marcia Lovell
Sandy Doctoroff	Val Heale
Deb Twomey	

Please note the next meeting is on November 12, 1999 10:30 – 1:30 at the Center for Community Inclusion (agenda is on page 3)

- Linda agreed to facilitate the meeting and Martie will take minutes.
- Did introductions and updates by committee members.
- Martie shared information from the Map to Inclusive Child Care Institute she attended in Washington, DC in August. Folders containing some of the handouts from that event are being copied and will be disseminated at the next meeting.
- Martie, Marcia and Linda explained an outcome of the last Child Care Advisory Council meeting (of which they are members). The CCAC is a structure put in place by the legislature to advise the Department of Human Services on Child Care Issues. During their last meeting, which was a planning retreat, there was a recommendation that the State Planning Team for Inclusive Early Care and Education become a subcommittee of the CCAC. This occurred as a result of the CCAC deciding that they needed a subcommittee to address issues of inclusion in child care settings and with the realization that there already existed a group that was meeting around these issues (our group). Several of us are already members or occasional participants in both: Martie, Linda, David, Zelda and Marcia. Ron Bridges, DMHMRSAS, a member of the CCAC, has also expressed an interest in joining our group. The group discussed the pros and cons of being a subcommittee to the CCAC. "Pros" included fewer meetings for those of us

involved in both, legislative access, legitimacy of our work increased. A "con" was the possible loss of autonomy. Martie was asked to contact Bill Hager and ask about the parameters around being a subcommittee of the CCAC. In particular, 1) If we wanted to apply for the Map to Inclusive child care grant again –or other grants—would we have to ask for permission? 2) Could we remove ourselves from the CCAC if an issue arose? 3) If we are part of a group with advisory status, can we take actions such as doing a survey? 4) Are there potential conflicts of interest that we should be aware of? 5) We understand that the CCAC does not provide money for space or food but, wonder whether they may offer travel and child care reimbursement for parents to attend subcommittee meetings? The general consensus of the group was that becoming a subcommittee of the CCAC would be a positive move for us and that the goals of both the CCAC and the State Planning Team for Inclusive Early Care and Education are well aligned. Martie will report back to the group about her conversation with Bill and Martie/Linda will share the discussion from the next CCAC meeting.

- The group reviewed the priority goals derived from our planning session with NEC*TAS. These fell under six general areas: training, mentorship, surveys/data collection, mission statement, financial and outreach education.
  - The priority goal under training was training for Aides to work effectively in the classroom. Resources in this regard are Muskie and the RDC's who do training needs assessments, etc.
  - Under mentorship, the goals was to expand the mentorship network. A core group already exists but, this needs to be expanded and supported around caring for children with special needs.
  - Under data collection, the goals were to survey child care settings to find out where children with special needs are being cared for; and find out what early care and education professionals need / training/barriers. Some data already exists such as 1998 ACCESS data and Kids Count and CDS. Nan will talk to Bob Haven who is collecting data for ACCESS.
  - Under the mission statement goal, we decided to review the mission statements of California and Utah that Martie brought back from the Maps Institute and work on our own during our next meeting.
  - Under financial, the goal was to advocate for a cost-related increase for voucher providers caring for children with special needs...to bring this in line with the actual costs of caring for these children. As well as to look at other funding support for children in child care not covered by the entitlements of IDEA (CDS).
  - Under outreach, the goal was to go to the towns that are represented in our group...perhaps a beginning group to collect date/give information (see the Utah packet for the PR travelling kits).
  - A suggestion was made to attach a survey to the child care licensing process around ADA compliance. This could happen during the licensing visit once a year to assure that folks understand that child care settings

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are covered under public accommodations in the ADA. Also, places to go for resources and support around caring and education for children with special needs could be included.

- The group agreed that it was important to inform the CCAC about the need for more money to support voucher providers caring for children with special needs, as well as the issue of supports for children in cc when CDS is not the payer. Martie and Linda will bring this to their attention.
- It was decided that more frequent meetings would be needed in order to maintain momentum and move forward with our agenda.
- Linda shared the brochure for the next LEARNS seminar on Foundations of Inclusive Education (11/18-19/99), and 3 articles: "Child Care Settings and the ADA"; "Integrated Child Care: Meeting the Challenge;" "Availability of Day Care Services for Preschool Children with Special Health Care Needs."

Next Meeting of the State Planning Team for Inclusive Early Care and Education

Date: November 12, 1999
Time: 10:30 am to 1:30 pm
Place: Center for Community Inclusion
Corbett Hall in Orono

AGENDA

- I. CCAC subcommittee status report/update
- II. Develop mission statement
- III. Continue to clarify goals and do action planning
- Data review

Please bring copies of any relevant data related to inclusive early care and education to our next meeting. David, school age child care? Deb, CDS? Nancy, Respite? Nan, ACCESS?, Linda, KidsCount, other?

***Also, please note that we have scheduled a meeting in Augusta for December 10th. site to be determined.

Please call Nancy Boyington at 581-1084 if you will not be able to attend our November meeting.

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State Planning Team
June 18, 1999
(Amended July 16, 1999 Meeting)

STICKY WALL INFORMATION

Priority Goals

Services

- ☆ Identify and recruit people to join us in order to affect policy related to integrated/coordinated inclusive EC and Education
- ☆ Develop way of engaging state level policy makers to be part of this effort
- ☆ Develop assessment for local use to evaluate child performance as indicator
- ☆ Look at current RDC survey to add additional dates/access survey
- ☆ Develop or add to a survey for base line data on where programs are that serve all kids and what needs are

Providers

- ☆ Develop a way to connect providers with others.
- ☆ Develop a statewide mentoring network for early childhood providers via the internet.
- ☆ Approach RDCs regarding identification and recruitment of mentors.

Communities

- ☆ Address each representative home town/city council to address each town's child care issues for families with children with disabilities
- ☆ Create/Disseminate needs assessment through child care providers (needs of parents/families in each community)
- ☆ Take lead in exploring how each to get child care part of each town's community planning process (strategic plan) by talking with State Planning Office, etc., to begin process.
- ☆ Explore RDC willingness to participate in developing a comprehensive plan.

Families

- ☆ Families having children with disabilities will have their children in community child care settings for the time needed with supports in place for the entire time (i.e., aides, etc., including parents' work time needs).
- ☆ Families will have access to strategies for assessing quality inclusive services.
- ☆ Families will have a method of sharing their expertise/experience about the care of their child with other families and providers.
- ☆ Families must have financial support to go to meetings/trainings.

Resources/Funding

- ☆ Understand all funding mechanisms.
- ☆ Develop a funding proposal for the use of some of the START ME RIGHT funding the next year.
- ☆ Review and assess the current reimbursement rates and salaries of child care providers in all counties of Maine. (OTH)

- ☆ Pursue actively those individuals who can influence funding decisions. (Advocacy or education)
- ☆ Will develop/revise models for data collection/cost-benefit analysis which can be shared with policy makers

Training

- ☆ Develop or support a training program that is experiential, i.e., happens in a child care site with hands on.
- ☆ Training opportunities will be coordinated with staff development programs provided to others (OTH)
- ☆ Provide training/mentoring for providers interested in being 1:1 aides
- ☆ **Develop survey to explore what kinds of training/support providers need in order to provide quality care for young children with disabilities**
- ☆ Explore what it would take to provide easy, flexible access to training for *inclusive* early care.
- ☆ Collaborate with the State level CSPD and DHS training committee to ensure access to high quality training which is accepted in Maine's higher education institutions for credit (inclusive early care)...must include recognition and models; use of technology; technical assistance and support.
- ☆ Become a steering committee to provide technical assistance and training to families, child care providers, business leaders and others to promote inclusive child care settings. (OTH)

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State Planning Team for Early Care and Education

Vision

Services

- ☆ Wrap around
- ☆ Family choice
- ☆ Accessible—easy to find—no struggle
- ☆ Developed with families
- ☆ Integrated into centers
- ☆ 1:1 aides—funding
- ☆ Integrated quality assurance services
- ☆ Funding for non-part B/C parts of the day
- ☆ Accessibility

Providers

(What we would need)

- ☆ Time to do work
- ☆ Competent
- ☆ Collaborative
- ☆ Empowered
- ☆ Open
- ☆ Paid well
- ☆ Respected
- ☆ Networked
- ☆ Celebrated
- ☆ Understanding what they need to know/do to include all kids

Communities

- ☆ Zoning
- ☆ Physically accessible
- ☆ Include child care in town plan
- ☆ Events for all
- ☆ Supportive of quality programs
- ☆ Public/private partnerships
- ☆ Needs assessment for children
- ☆ Value contributions of all
- ☆ Playground accessibility

Funding/ Resources

- ☆ Differential reimbursement options
- ☆ Business involved
- ☆ Compensated career lattice system for people and programs (NAEYC accredited)

Training

- ☆ Quality
- ☆ Experiential
- ☆ Supportive
- ☆ Mentoring
- ☆ Core curriculum
- ☆ Continuum of articulated training
- ☆ Statewide accessibility
- ☆ Using technology for access
- ☆ Consultant/TA support
- ☆ Content on ADA

Families

- ☆ Support (People/ Money)
- ☆ Services are family centered
- ☆ Choices and access

Current Status

Services

- ☆ Differential services among CDS sites
- ☆ Americore staff working on SACC
- ☆ RDCs
- ☆ Survey— date re: Inclusive practices
- ☆ Market rate
- ☆ Frank Porter Graham (UNC) tool for looking at kid's growth

Providers

- ☆ Three existing committees
  1. CAC
  2. CCH & Safety
  3. Higher Education Committee
- ☆ This group needs representation

Communities

- ☆ Each town has (state-driven) community
- ☆ Plan Re: services
- ☆ Maine Municipal Association
- ☆ Zoning ("not in my neighbor-hood")

Funding/ Resources

- ☆ Start ME Right
- ☆ Wide differences in pay rates
- ☆ Cost/ benefit info exists in other states (TN)
- ☆ Keep talking ALL kids
- ☆ DOE needs partners to help with training costs
- ☆ Worthy wage campaigns
- ☆ CC Voucher system
- ☆ Tax Care Credit double on state income tax
- ☆ Legislators
  Susan Longley
  Tina Baker
  Steve Rowe
- ☆ Access

Training

- ☆ MACCRRA (11)
- ☆ Access through the internet
- ☆ "First Class"
- ☆ Piece meal efforts, only when asked
- ☆ CSPD, DOE working together
- ☆ CCI: related to inclusion
- ☆ Muskie Center
- ☆ Statewide Conference

Families

- ☆ Parent support groups
- ☆ Funding issues (Marcia, David, DMHMRSAS meeting 6/30/99)
- ☆ Training for families: could collaborate with other groups
- ☆ Not enough quality inclusive placements for families to access
- ☆ Connection between families and RDCs

Resources to Meet Goals

NEC*TAS

- Inclusion Resource Package
- Autism Forum
- Inclusion Forum

Policy Level

- Town Planners
- Chambers of Commerce
- State Planning Office
- Better Business Bureau
- Maine Municipal Association

Web Sites

- www.NECTAS.UNC.EDU
- www.SCRTEC.ORG
- www.circleofinclusion.org

Strategies

- Teachers helping teachers
- Mentoring data base
- Look at impact of policy: help policy makers understand the impact of their policies on the people they are supposed to serve.
- Connect with Maine Parent Federation and RDCs parent organizations
- Connect Town Planners with RDCs

Who Else Needs To Be Involved?

- ACCESS
- Helene Farrar
- Joanne Alex
- Maine Municipal Association
- Shirley Towle
- DMHRSAS Represenative

Appendix C:
Summary of PATH Process

AFFINITY DIAGRAM - COMMUNITY OPTIONS BANGOR TEAM - PAGE 1 OF 4

JUNE 19, 1998

WHAT NEEDS TO BE INCLUDED (BOTH CONTENT & PROCESS) AS PART OF A TRAINING SERIES FOR PROVIDERS CARING FOR CHILDREN WITH SPECIAL NEEDS?

- **TRAINING ON SPECIFIC DISABILITIES**
- **QUALITY PROGRAMMING**
- **PARENT INVOLVEMENT EDUCATION & SUPPORT**
- **COMMUNITY AWARENESS & RESOURCES**
- **TRAINING LOGISTICS**

NEXT PAGE CONTINUES AFFINITY WITH SUB-HEADERS AND DESCRIPTIONS WITHIN CATEGORIES

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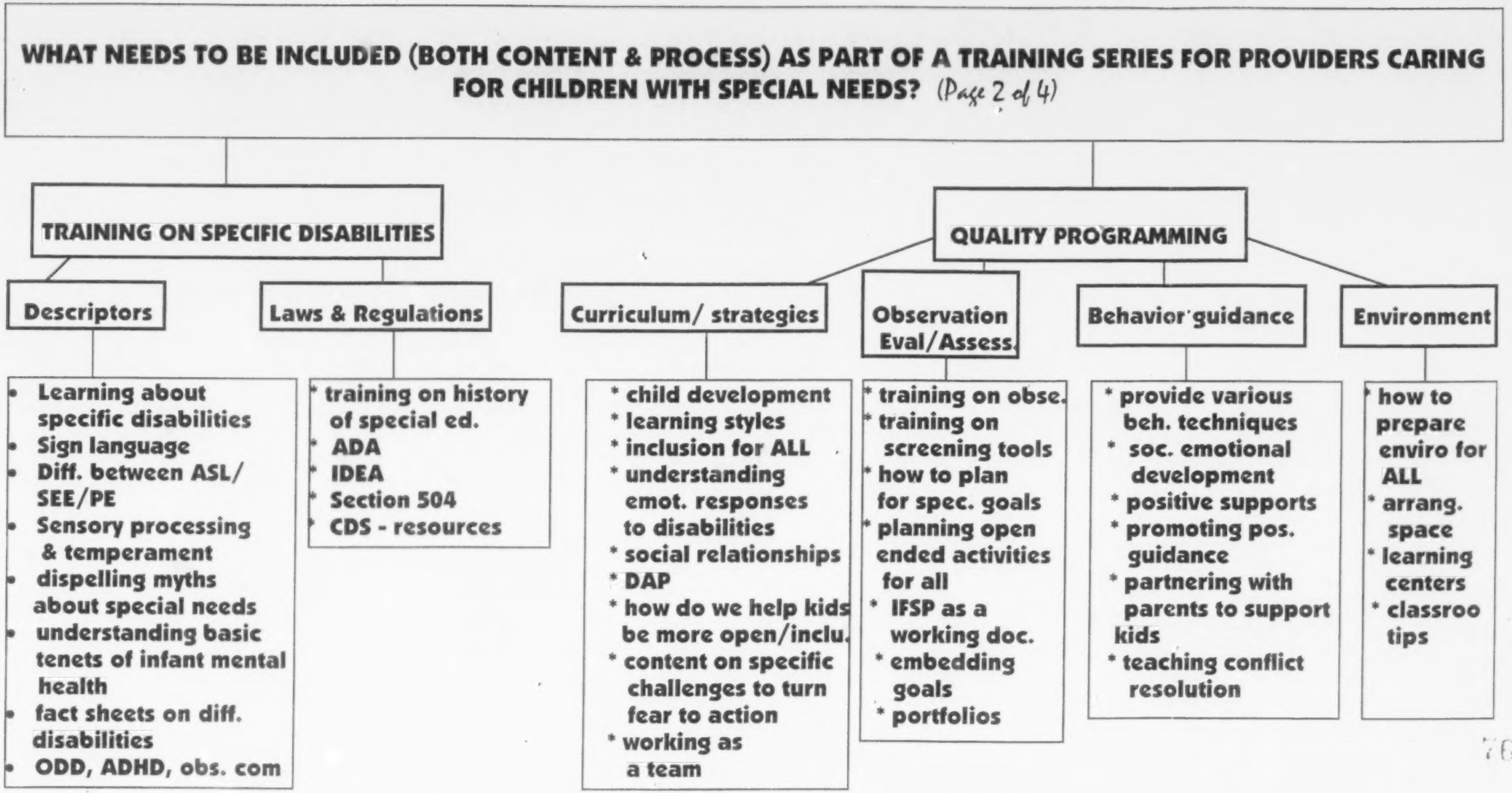
WHAT NEEDS TO BE INCLUDED (BOTH CONTENT & PROCESS) AS PART OF A TRAINING SERIES FOR PROVIDERS CARING FOR CHILDREN WITH SPECIAL NEEDS? (Page 2 of 4)


TRAINING ON SPECIFIC DISABILITIES
Descriptors
Learning about specific disabilities
Sign language
Diff. between ASL/ SEE/PE
Sensory processing & temperament
dispelling myths about special needs
understanding basic tenets of infant mental health
fact sheets on diff. disabilities
ODD, ADHD, obs. com
Laws & Regulations
* training on history of special ed.
* ADA
* IDEA
* Section 504
* CDS - resources
QUALITY PROGRAMMING
Curriculum/ strategies
* child development
* learning styles
* inclusion for ALL
* understanding emot. responses to disabilities
* social relationships
* DAP
* how do we help kids be more open/inclu.
* content on specific challenges to turn fear to action
* working as a team
Observation Eval/Assess.
* training on obse.
* training on screening tools
* how to plan for spec. goals
* planning open ended activities for all
* IFSP as a working doc.
* embedding goals
* portfolios
Behavior guidance
* provide various beh. techniques
* soc. emotional development
* positive supports
* promoting pos. guidance
* partnering with parents to support kids
* teaching conflict resolution
Environment
* how to prepare enviro for ALL
* arrang. space
* learning centers
* classroo tips

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WHAT NEEDS TO BE INCLUDED (BOTH CONTENT & PROCESS) AS PART OF A TRAINING SERIES FOR PROVIDERS CARING FOR CHILDREN WITH SPECIAL NEEDS? (Page 3 of 4)

Parent Involvement / Education / Support

- developing a program philosophy together (inclusive early care & educ.)
- educating families about specific needs
- communicating
- sharing "sensitive information"
- supporting families through diagnosis
- how to help parents without wearing out
- parent conferences
- "convincing" parents to get child screened
- working together as a team
- parent educ. -maternity wards / prenatal class.
- learning about family sensitive &
- family centered practice
- sharing what support services exist
- cultural beliefs and practices (child rearing etc)
- understanding the impact of having a child w/ dis.

Community Awareness / Resources

Global

* learning about what's out there for families
* what's out there for educators
* what funding can help families
* building collaborations - how to use comm. resources
* "hot line" for providers to network
* legal assistance
* learning about confidentiality
* learning about policies / record keep.

Specific

* "I am your Child" - Import years
* Born to Read
* Comm. for Children
* Riverkeepers

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WHAT NEEDS TO BE INCLUDED (BOTH CONTENT & PROCESS) AS PART OF A TRAINING SERIES FOR PROVIDERS CARING FOR CHILDREN WITH SPECIAL NEEDS? (Page 4 of 4)

Training Logistics / Process

* Begin with a "kick off" to introduce training
* "Kick off" can also be a recognition / celebration evening
* Perhaps hold as evening dinner series with idea of continuing as support / network group
* Provide child care to workshop participants
* Offer substitute reimbursement and / or mileage for participants
* Offer "on-site" technical assistance or support for "expert" group
* Have Community Options team and others be the presenters
* Offer food at training's
* Have it in a comfortable setting
* Offer CEUs or credits
* Connect with Penquis Child Care Resource Center to find out best times, days etc.
* Build in mentoring or partnerships with providers
* For sessions on specific disabilities have several workshops at the same time to offer participants options
* Have it accessible, location, signing, etc.
* As another possible support - "naptime hot line"
* Have each training include information and participation (activity - doing - for adult learners)

BEST COPY AVAILABLE

PATH: Planning Alternative Tomorrows with Hope

(Pearpoint, O'Brien, & Forest)

NOW

- Limited Person Power
- Community Based Services & Living Environment
- Accessibility Problems
- More 1-1 Aides
- Children with Severe Disabilities Access?
- Funding Challenges Beyond FAPE Beyond Educational Needs
- Insufficient Incentives for Providers
- Increased Knowledge
- Progressive Improvement in Inclusion
- Fear in Home Providers to Expand Resources

Who Enroll?

Preschool Teacher Kirsten, Linda Mosley, Marsha Lovell, Jean (State Funding for Child Care)

Speech Therapist, PT, OT Kirsten, Cindy Bracket, Judy, Karen Thomes, Kristen

Kindergarten Teacher, Nurse (Home Health Link) Judy, PIS. County Penquis Resource Exchange Nancy, Lorraine Spenciner, Home Child Care Nancy,

Tech College Merlene SanBorne

Special Ed. Dir. Old Town, Kirsten, Linda Hughes- Averil

Stronger

- First Steps
- 2nd Steps
- Accessing Existing Curriculums Resource People
- Strong Facilitator
- Cleat Goals
- Baby Steps
- Sharing Stories & Activities Safely

First Step

- Access Lorraine's Model & Distribute
- Invite Cindy Bracket (Judy)
- Heads up phone call to identified folks

3/20/98

- Discuss Lorraine's Model
- Clarify what we want from new folks, Level of involvement
- Identify Curriculums → Discuss Curriculums

Next Few Months

Goal Feb. 27, 1999

- Year round community based recreational Opportunities
- Expanded training for childcare providers
- Expended opportunities
  - Inventoried community environment for accessibility
  - Pool of Trained E.C community support folks including 1-1 Aides < resource development
  - Community Awareness including E.C professionals
  - Improve Salary Options

Hopeful
Exhausted
Frustrated

Dream

- Independent in housing, money
- Employed
- Respected as a person/not disability
- Friends & Social life
- Mentoring
- Barrier free
- Access
- Reaching educational goals
- Choices in family structures
- Acceptance, capable
- Recreational, empowerment spiritual options
- Transportation
- A Voice - Self Advocacy

Appendix D:
Summary of Focus Group Interviews with NH Teams

Reflections on Community Options:
Concord (8 Participants)

1. Over the past year, what were your (the team's) biggest successes?

- Growth in children's skills - social, language, citizenship.
- Child-based instruction.
- Expansion of Family Center programs; more frequent family events/well attended, addition of 2nd family center day - now open Monday and Wednesday mornings.
- The hiring of a new, wonderful preschool teacher to teach the third class.
- Many active, involved families in both preschool and Family Center.
- Many field trips - very successful!
- Increase in number of identified kids.
- Involvement with other agencies.
- Gaining a 3rd preschool class.
- The increased attendance at various Family Center activities and events and the acceptance of the preschool in the neighborhood, attracting more students (even more than can come).
- I think our biggest success, in a way, is the sense of "establishment" we've achieved as a solid, on-going presence in the school and neighborhood.

To what do you attribute these successes?

- superior teaching skills
- team working together
- personal love of kids
- community enthusiasm for the program - NEED
- word-of-mouth - neighborhood people bringing families in
- our team's love of, and dedication to the task
- the board's time and energy - a dedicated group of staff and parents
- many hours of dedication from all involved
- money - fundraising, donations
- great teachers, facilitators, hard work of many people; congenial, energetic board members
- the passage of time, which helps any organization to become more a part of the community, word of mouth
- Hard work! Teamwork! Loyalty, belief in the vision. Parent satisfaction. Kids being successful.

2. Over the past year, what were your (the team's) biggest challenges or frustrations?

- not enough time to do it all
- new group of very young children
- finances
- lack of money/RAISING MONEY!!! constantly having to worry about having enough money to get out of the red and to be able to continue. Not being able to add a needed 3rd class because of unsure availability of funds; trying to afford a 4th class.
- meeting the needs of families,
- parenting classes/opportunities for families
- disappointing attendance at most "parent training" programs

To what do you attribute these challenges/frustrations?

- A lack of money (all participants)! The "nature of the beast" - the struggle all, or most, non-profits face; It's part of the territory for non-profits and educational institutions, especially those concerned with the youngest members of society who aren't always strongly represented!
- Grants have a lot of competition. We are trying to target children most at need, and their parents can't afford large tuition (or any for that matter).
- many families unable to pay full tuition, competition for grants,
- families are facing many issues.
- stresses, demands, obstacles to parent participation - internal and external

Which of the challenges did your team overcome? How?

- Ages
- Constant work by some board members (Barbara & Ed) have produced some new sources of money and continuing sources of some money.
- We are always working on it. An ambitious series of fund raising ideas were tried.
- We're still working on them.
- Well, we haven't had to shut down yet, primarily because Ed and Barbara spend hours and hours writing grants - which I'm sure is frustrating for them. There should be someone whose job it is to do that.
- We continue to support good parenting, but are learning to address it in more informal and less threatening ways.

3. Think about the time when you started this process several years ago. If you knew then what you know now, what, if anything would you have the team do differently? Why

- Not sure.
- Who knows? The reason I got involved was to affect educational programs for children in our community and I really don't like fundraising, but I've stayed involved, so I probably still would have gotten involved.
- 1) We probably should have gotten our own 503C3 status by now, 2) more effort developing strategies to increase adult participation in parent education programs.

4. In what ways (if any) has a change in team members affected the process or outcomes for your team?

- Everyone becoming familiar with child-based instruction.
- To me, there seems to have been not too much change - some (most?) of us have been here quite a while.
- The addition of a core group of parents has added to perspective and support.
- Different perspectives/philosophies on what we are trying to do has been a bit challenging. New ideas and new blood often brings about change - sometimes that is hard.
- The added team members brought new energy and new ideas for raising money.
- I think the preschool is stronger this year with the change of one teacher. There seems to be more comfortable collaboration between teachers, happier parents, etc.
- We've had great parent participation on the team. More team members are invested in fund raising.

5. In your opinion, how effective was the team process in achieving your team's priority goals? Please comment on your answer.

- Pretty effective. We all take a piece we feel we can manage to achieve the end result. This works well. Everyone's thoughts and feelings are considered.
- This team has for the most part worked very well together. Ongoing communication and monthly board meetings have helped to have things go smoothly. The school team has been very receptive to our program and the children involved.
- Very positive. I think we share a common vision of helping to support healthy families

6. Which aspects of the team's work will continue after the project ends? (For example, systems or processes in place, changes in policy or practice, new options open to children and families, continued support to early care and education providers to enhance quality, community collaboration, etc.)?

- Continuing early care and after school program.
- We hope it will all continue and grow stronger - more community/family/school connections.
- All of the programs will continue in Concord. We now have a strong base of support from a variety of places.
- I would hope all would stay the same.
- Assuming funding - ongoing preschool classes, continuing family center program with weekly sessions, monthly special events, parenting classes, etc. Before school care, summer programs, etc.
- I believe we will exist as long as there is a core team of involved, dedicated, passionate people.

7. What (if any) are the next steps for your *Community Options* team (e.g., does the team need to continue or has the work been completed to the point where it is no longer necessary for this group to meet?) Please comment on your answer.

- I believe we still have lots to work on and having the team meet and work together is very important.
- Continue meeting to support preschool and family center days.
- If the team is our board, it's obvious that it will need to continue. It would be wonderful to be able to afford a director and have another class.
- Continue to develop broad community involvement and support.

8. What are the next steps for the community to (continue to) promote quality, inclusive early care and education?

- I think we're at the point where some things may change (Family Center programs? format?) and/or grow - Parenting Education, Preschool program.
- Funding.
- Value and promote quality early care and education. Expand options for inclusive ECE programs.

9. What advice would you give to new teams who begin the process? To project staff beginning to work with new teams?

- Understand each others' teaching philosophies.
- Good luck! Most of the time it is an uphill walk; just keep moving.
- Know that it takes time, work, energy, patience.

Reflections on Community Options
Region 10: Derry/Atkinson (5 Participants)

1. Over the past year, what were your (the team's) biggest successes?

- the formation/continued growth of the ASK group; I think has and will be a great asset to Derry and parents
- continuing to coordinate efforts to support preschoolers in community settings and to provide technical assistance to preschools (like preschool forums, TA to Nutfield)
- transition forums

To what do you attribute these successes?

- Karen, Kathy, Anita - tenacity/interest/drive! - live in community -
- PTAN group
- convictions of members of the group
- Karen Lord is a dedicated and organized person who is so passionate about the issues we all face with our children who are in need or receiving special education

2. Over the past year, what were your (the team's) biggest challenges or frustrations?

- getting Power Packet to families (due to lack of relationship with ESS provider - not comfortable)
- [SPED director's] /school districts lack of cooperation, support and participation
- losing school district representation
- the direction promoted by the preschool personnel is so contrary to what should be happening. The special education director does not have the same outlook on SPED as the team
- increase in SNAP numbers/SNAP still there [special ed. preschool]
- territorial issue on part of ESS [early intervention]
- Derry SAU never bought into process; when lost inclusion facilitator; backslide

To what do you attribute these challenges/frustrations?

- leaving their building, change in pupil personnel director, not enough parents of 3 year olds accessing information and support to utilize alternative placements (has it ever been done before?)
- the formation of ASK is a vehicle for which parents can receive information and support, despite lack of support from SAU
- Kathy & Anita did transition forums where the Power Packets were made available

Which of the challenges did your team overcome? How?

- Losing district personnel -- by working in other ways.
- Parent group developed despite the lack of support from SAU
- The formation of ASK is a vehicle for which parents can receive information and support.
- Both. Karen established ASK group as a way to be powerful without [SPED director]. Kathy and Anita did transition forums where the Power Packets were made available.

3. Think about the time when you started this process several years ago. If you knew then what you know now, what, if anything would you have the team do differently? Why

- establish ASK a lot sooner
- without the support of [the superintendent] - I don't think the progress has been as productive if he has been a part of this group. It seems to come down to money - and he controls the purse strings
- establish ASK much sooner
- do more frequent training/inf. sharing with families close to transitioning out of early intervention
- more community forums - transition
- without support process not as productive
- pick a school district willing to accept help
- find a way to continue Inclusion Facilitator (who works for family! - right person)

4. In what ways (if any) has a change in team members affected the process or outcomes for your team?

- if preschool provider could attend more
- not as focused on what we can do with the school district, but how we can work around them to accomplish the goals of supporting kids in their placements
- we lost the interest of the staff and directors of Derry school - due to lack of support from [the superintendent]
- team has been remarkably stable. Biggest losses: 1) Derry SAU representation, 2) loss of inclusion facilitator position
- our team has remained consistent and good this year ; the absence of a representative from community preschool field is felt and it would be more beneficial to have someone from that area at meetings
- preschool coordinator absence (can't hear what issues are)

5. In your opinion, how effective was the team process in achieving your team's priority goals? Please comment on your answer.

- I think the team has gotten too small - maybe we need alternative members from organizations
- I don't think the goals where achieved to the expectation of the group, but the awareness was upped and I realize how many hands are tied by [the superintendent]
- team was the only reason things changed at all for families in Derry. Team always worked to develop new strategies to change Derry SAU

6. Which aspects of the team's work will continue after the project ends? (For example, systems or processes in place, changes in policy or practice, new options open to children and families, continued support to early care and education providers to enhance quality, community collaboration, etc.)?

- preschools more comfortable
- the community placements will still be willing to work with our children, whether or not the district will see this as an option
- I think the community preschool programs are getting overwhelmed with children in their programs and the lack of support they are receiving by the SAU
- ASK group will continue to strengthen, some preschool providers now have commitment to inclusion, transition between EI and preschool has been strengthened
- continue distributing Power Packets; continue to support Karen Lord and ASK
- more families aware that they can explore community options
- self-contained kindergarten closed
- Medicaid billing

7. What (if any) are the next steps for your *Community Options* team (e.g., does the team need to continue or has the work been completed to the point where it is no longer necessary for this group to meet?) Please comment on your answer.

- if Karen's group needs support, continue to meet
- ASK group should continue to meet until there are more options for parents so that no one will fee they have to choose SNAP, but we need to bring on more members - more parents, more preschool representation
- until none of the school districts in region have self-contained programs
- constant communication and dialog important!
- bring on a few more members
- I would like to see the ASK group pick up the direction this group was going in and hopefully parents and professionals will work together more
- we had been meeting prior to CO and will most likely continue after it is completed until real change takes place in Derry
- if Karen Lord's work would need the support of the team, we should meet once every 2 months

8. What are the next steps for the community to (continue to) promote quality, inclusive early care and education?

- provide more support for the community preschools (teaching aides) and information to parents
- keeping parents aware of their choices they have and can make for their children
- have ASK group continue to grow and begin to influence policy - continue to support pre-school providers
- get more parents of young children involved (members of ASK on school boards) get more training going

9. What advice would you give to new teams who begin the process? To project staff beginning to work with new teams?

- Make it easy for those resistant to the ideas generated by the group to keep them coming, find out what it would take to support them
- get the person who controls the money committed to this group in working together
- obtain a commitment from the school district to be a true partner in change
- new teams: have plenty of parents and agency staff involved project staff: make plenty of opportunities available for community preschool and SAU staff (Norman Kunc, etc.)

Reflections on Community Options:
Keene (6 Participants)

1. Over the past year, what were your (the team's) biggest successes?

- The support provided to area early childhood sites - in consultation and direct services.
- Getting a half time pre-school coordinator position. Providing quality preschool programs and services to Sped. kids. Consulting with community programs.
- Helping Head Start deal with a continually challenging population.
- Continuing to improve arena assessments and the team process involved in them.
- "Graduating" some children with multiple needs to kindergarten and seeing them be successful.
- I have only been working with this team for 3 months and am very focused on my particular role which is that of home visitor.
- Having one office area allowing for increased communication and sharing of inf. Having a part time coordinator.
- Communication and support - the monthly team meetings have been helpful providing information and support no matter what the situation. I always have someone to call to for assistance.
- Support to sites/communication and support
- Big group move to kindergarten
- Jonathan Daniels - new principal much more involved
- Team recognized as entity

To what do you attribute these successes?

- Commitment on the part of the team members, willingness to accept challenges and stretch themselves professionally.
- Team collaboration, having a team meeting weekly, dedicated professionals. We have a wonderful new principal who cares about preschool.
- A dedicated and talented staff of people both on the CPT and in the community preschools.
- New principal is actively aware and trying to learn about the CPT group and to advocate for us. Part time coordinator has achieved a lot that we couldn't/wouldn't have time to advocate and follow through with.
- The efforts on the part of the team to make this happen. It seems to be no one person but a desire on the part of all members.
- Great team!

2. Over the past year, what were your (the team's) biggest challenges or frustrations?

- Change overs in staff - lack of administrative support or understanding of our work (lack of training provided to new people) who lack history and clear understanding of our mission of early childhood best practices.
- Unsure if preschool coordinator position will continue next year. At this time, it's not approved by the board. At this time all community programs are full for preschoolers - there are not any more placements.
- Dealing with personalities in a team that works very closely together.
- Helping children/families who were needy but didn't qualify as educationally handicapped.
- From what I perceive a big frustration is identifying what individuals involved with the team's roles are.
- Now I'm hearing about changing to take on more towns and broadening out.
- I am not sure as I am only a representative of a particular sight and from my view it has only been the usual challenges of making IEP's work and assisting parents in helping to understand what is happening.

To what do you attribute these challenges/frustrations?

- Lack of administrative understanding and support.
- The board not understanding the complexity of our jobs.
- Occasionally letting personal feelings overtake professional behavior.
- A big system that is hard to change quickly.
- The team's goals and visions have not been clearly stated leaving everyone working toward their own goals and not necessarily a team goal.
- Not a good short term/long term plan has been suggested yet to accomplish this with pride and success. Scheduling all schools.
- Scheduling
- Common time to bring community people together
- Kids that "fall through the cracks"

Which of the challenges did your team overcome? How?

- We have taken on additional responsibilities to cover for staff that left. Most of us feel drained by the lack of support we feel.
- None.
- 1) Still working on it. 2) Try to get other agencies involved. 3) Provide support for teachers as much as we can.

3. Think about the time when you started this process several years ago. If you knew then what you know now, what, if anything would you have the team do differently? Why

- Have more clarification of roles and responsibilities.
- More training in the consultation process. More administrative involvement!
- Develop contracts for community programs stating expectations from each.
- Would do things pretty similarly. Would perhaps be in better contact with administration in hopes of having their support. Emphasize need for flexibility in individual roles and team model a little more.
- Nothing.

4. In what ways (if any) has a change in team members affected the process or outcomes for your team?

- For example, one new team member has made recommendations and done direct service that site directors have complained about. Has affected our evaluations because she sees things through a medical model.
- We have 2 new team members this year (OT and home visitor). Last year we got a new teacher for the JD preschool who is not special education certified.
- It does feel like it slows down the process of fulfilling our vision just because we get bogged down in details (paperwork, etc.) that take a while to be learned.
- The person who started this outreach team with her own goals and visions left abruptly, leaving the rest of the team to carry out her vision. No one since has been a central figure guiding the team's efforts.
- I hear Kathy Blair was a strong leader in the group and now others have to learn to do the things she did.
- We seem to have hesitations when members change but once we get to know each other, we have been able to resume work as before.

5. In your opinion, how effective was the team process in achieving your team's priority goals? Please comment on your answer.

- We do well on day to day - not much attention given to the "whole" - lack of time.
- Has been very effective. I think most team members feel comfortable expressing their opinions. In large part because we are a new team that needed to define itself as we've gone along. Do feel that we have lots of great goals but not enough time to act on them.
- The members of the team respect each other's expertise and rely on input from each other when making decisions. Because of the dedication and talent of team members the program is successful in spite of the lack of guidance from one central person.
- I feel that the team process has been effective in achieving priority goals through the team we have linked preschools, services provided, families and public schools. Personally I feel the team approach has helped to validate the work we do in the preschools.

6. Which aspects of the team's work will continue after the project ends? (For example, systems or processes in place, changes in policy or practice, new options open to children and families, continued support to early care and education providers to enhance quality, community collaboration, etc.)?

- Arena evaluations by CPT for children with suspected disabilities, placements in community sites, consultation for sites, trainings for sites, tutor training etc.
- There is discussion around adding the SAU 29 towns to the preschool program in Keene which may result in fewer community options. We are concerned!
- Will have multi-disciplinary team at least in some community sites.
- Continued support to early care and education providers to ensure quality programs in the various preschool sites.
- All, I hope. As a site Director, it is not for me to say, but only to support and hope...

7. What (if any) are the next steps for your *Community Options* team (e.g., does the team need to continue or has the work been completed to the point where it is no longer necessary for this group to meet?) Please comment on your answer.

- We are headed into a transition whereby we (the CPT) may be expected to service kids in entire SAU (not just Keene). This would be equitable, yet strain the team beyond functionality. We'll see where this goes - needs to be well planned administratively - so far, is not.
- We need to continue providing consultative services to community programs; staff and children are always changing.
- The work is never ending. As staff changes in community sites and new children with new needs come along is always need for our assistance, although the form that it takes may be different.
- Yes, as there are changes always occurring. The team needs support to increase the vision and goals of the team.
- I do not know what the next steps are...but it is helpful knowing that there is a link to a chain far more encompassing than our small city and our team. Learning what is going on in other communities always helps to keep our own work in perspective.

8. What are the next steps for the community to (continue to) promote quality, inclusive early care and education?

- More money to hire more trained staff to day care and low income sites; more service providers and administrative support so that we can do more trainings and more contact for support (tutors, etc.)
- Would like to increase our consultation and workshops. Our extended community needs to address need for more and better quality day care options.
- The community needs to approve funding for more service providers to meet the needs of all of the preschoolers and their families equally.
- Get administrative and all of the team on the same goal. More resources such as resource library are being started. Continuing education with inservices to increase awareness in community of CPT. Training for preschool teachers of special educators.
- The only thing that I have missed this year were the workshops given in the past by the team. As for the community itself, the importance of early intervention needs to be continually promoted.

9. What advice would you give to new teams who begin the process? To project staff beginning to work with new teams?

- Have administrative support - both financially and philosophically. Have roles determined with realistic and doable numbers to prevent burn out. Build in lots of time for collaboration and consultation among team members. Have administrators see this as valuable - as well as direct services. Have good clerical support, which we don't have.
- Consider the team commitment; especially for community teachers to attend meetings; consults, annual reviews. It has been really hard finding common times to meet when teachers can be released from their classrooms.
- Be flexible, learn and change as you proceed, stop frequently to assess yourselves, pat each other on the back because administration probably won't, accept team members strengths and weaknesses and work with them in mind, put time into building relationships with parents, teachers, day care providers.
- I'm new and still learning a lot ongoing. The team is important in this process to be trusting, professional and show good communication at all times.
- It is well worth the effort I think. Visit other sites. See the progress, the success.
- Team process - very important, validated as a site

Reflections on Community Options:
Laconia (9 respondents)

1. Over the past year, what were your (the team's) biggest successes?

- The sharing of information on preschool children coming into our kindergarten programs.
- Team has not met during the past year, but my level has continued to use plan/guidelines/re-transitions. Meeting on the Mount Washington ship was a plus!
- The transition process from preschool programs to kindergarten continued. Information was sent to kindergarten programs beginning early in the year. Visits and meetings were held as the year came to a close.
- We have not met over the past year other than over IEP/transition from EI. Linda Fitzgerald and Deb Meader meet as part of PTAN, but that's it.
- Have not met in the past year - the collaboration happens on a more informal basis or on a child-specific basis.
- Continued transitioning children from EI to preschool fairly smoothly.
- We have a good working relationship with preschool team for making referrals.
- Laconia has had children referred within the past year that have been more involved physically, emotionally, and with autism, and we have found the community preschool providers more receptive to them in their programs.
- Closing our self-contained classroom. Improving the quality of education at community settings.

To what do you attribute these successes?

- The availability of people to find the time to share.
- Success because those expected to carry out plan were involve during development stages of plan.
- Linda Fitzgerald for overseeing the process.
- Same players; continued to work on community based programs.
- Working together over a 5 year period.
- The continuous effort the Laconia preschool team puts into educating and supporting providers around inclusion.
- Hard work and a motivated team.

2. Over the past year, what were your (the team's) biggest challenges or frustrations?

- Again, time - to find it to visit preschool programs.
- Who now has responsibility for carrying out - building administrators? Classroom teachers? Special service providers? Linda Fitzgerald?
- Continued communications.
- 1) Finding one-on-one aides for children with autism, and severe physical disabilities. Training these on-on-ones with turnover is very difficult. 2) Delivering services to many different locations.
- Spending so much time in the car going from one place to the next. Educating a wide range of abilities for teachers in the community. Teaching them all best practice.

To what do you attribute these challenges/frustrations?

- Lack of on-going meetings/communication.
- 1) These children are in programs for 15-20 hours/week and the skill level needed along with patienc[illegible] interest is rare to find. The pay is not enticing. 2) The need to keep the ratios low for coded:non-coded.
- Too much mileage between programs. Maybe too many programs. Some teachers were educated and some were not.

Which of the challenges did your team overcome? How?

- We were able to work with administrators to find coverage for us.
- I met with my building administrator and we went ahead on our own.
- We found 2 one-on-one aides through constant searching and time. After 2 months of covering on our own we hit the jackpot.

3. Think about the time when you started this process several years ago. If you knew then what you know now, what, if anything would you have the team do differently? Why

- Include all kindergarten teachers.
- Move more quickly! Lots of time "wasted" when members were not ready with items promised.
- At the beginning there were many meetings which we were asked to attend. It took time away from classrooms.

- I feel that I already knew then what I know now. It has been difficult working with so many different school districts. Some are back where we were at with Laconia 5 years ago and some (few) were already there.
- Plan for training at the community sites beyond the 1st year. With staff turnover being high and frequent, the need is for on-going, regularly scheduled training.
- Difficult to answer as I didn't start this process but came into it towards the end and that was 3 years ago!
- Have more of the community preschool/daycare providers part of the team from the get-go.
- Spent more time with the community providers to inform them of the expectations of the program. People were willing to let us in their space but they did not know the whole scope of what it would really be like.

4. In what ways (if any) has a change in team members affected the process or outcomes for your team?

- Not a problem for us.
- It is difficult to assess this as the public school component. We are out of the loop until it is time for kindergarten.
- Some members are more committed to working with families than others.
- The outcomes were achieved, even with member turnover. Outgoing members did a good job of bringing the new comer up-to-speed.
- Not really met for couple of years so unsure how to answer.
- Loss of communication.
- Some of the changes have been positive by getting new blood/ideas. We have struggled with some wanting to go back to a form of self-contained for the more serious, involved services.
- Community members needed to adjust to different personalities and styles. Some personalities and approaches were extremely different.

5. In your opinion, how effective was the team process in achieving your team's priority goals? Please comment on your answer.

- The team process brought about a filter down of K curriculum into preschools - at the appropriate developmental level.
- Much effort/time was spent brainstorm/refining/developing our goals - therefore the team process was very effective.
- It appears to have met it's goals. Community resources are working together.
- All children are now seen in community preschool settings which is a big change.
- Laconia continues to provide community based options.
- The team worked effectively, we were all ready for inclusion, and the options team brought us through this process slowly and with lots of resources.

6. Which aspects of the team's work will continue after the project ends? (For example, systems or processes in place, changes in policy or practice, new options open to children and families, continued support to early care and education providers to enhance quality, community collaboration, etc.)?

- Kindergarten will continue to be actively involved in all transitioning needed for special needs students.
- Hopefully the transition from preschool programs to kindergarten program will continue with communication beginning early in the process.
- Children will continue to be able to be seen in community preschools.
- All of the children are now in community-based, non-segregated placements. Families are happier that their children are included. Professionals are more connected and committed to community-based services.
- Continue to provide community based programs. Nice to have that to transition kids to.
- The Laconia district is currently in full support of inclusion if we can continue to show it is financially in the district's budgets best interest. We will continue to provide workshops for providers. Continue to support current programs in their growth.
- Not sure.

7. What (if any) are the next steps for your *Community Options* team (e.g., does the team need to continue or has the work been completed to the point where it is no longer necessary for this group to meet?) Please comment on your answer.

- Meeting with Community Options team members in person makes the options available much more meaningful than reading pamphlets.
- Linda Fitzgerald needs to remain involved. She has responsibilities/deadlines which should continue to be met.
- I think it would be nice to meet once or twice per year to discuss systems issues, philosophies, etc.
- I don't think the group needs to meet - as we haven't been, but the work goes on!

- It could be nice to continue to meet to maintain relationships but PTAN has continued that among some of the members.
- The Laconia team has not met in 2 years. Members of the team still attend meetings when families are shared (i.e., EI family support). The preschool coordinator will continue to oversee the transition to kindergarten process.
- I think the team is still growing in many ways without the need for the group to have regularly schedule meetings. The team communicates very well and effectively.

8. What are the next steps for the community to (continue to) promote quality, inclusive early care and education?

- To make sure that all preschool children are identified early - preschools, doctors, other agencies...
- Taxpayers need to stop pinching pennies and cutting special service providers from budget.
- It is important to continue inclusive programs with good communication.
- To truly believe that all children belong in their own communities.
- Need to expand the process outside of Laconia, into some of the smaller communities that deal with some members of this team.
- To increase the number of providers and community members that are open to children with disabilities.
- To continue providing workshops for community staff. For all agencies to understand each other's goals. To support parents, and educate all parents re: the districts inclusive goals.
- To continue with educating the community.

9. What advice would you give to new teams who begin the process? To project staff beginning to work with new teams?

- Well worth the time spent. Go for it!!
- Offer inf. on laws re: preschool services and offer if on working with families.
- Be prepared for the process to take longer than you might expect - be patient - the outcome is worth it.
- Teams: sort through the different needs and expectations of each member - be willing to commit time - be open-minded and honest. Staff: be very careful to identify the issues that already exist between people and agencies at the table - provide the support for the team facilitator by talking, praising and availability - this was the best part for me.
- 1) Don't take anything for granted. You need to educate people every step of the way. 2) Take it slowly, maybe even one site at a time. 3) Lots of modeling. 4) Start with your easier kids to include and go from there.

Reflections on Community Options:
Lebanon (5 respondents)

1. Over the past year, what were your (the team's) biggest successes?

- Early Educator's Network was created for early childhood personnel from Community Options.

To what do you attribute these successes?

- A small core group who was willing to host it monthly and set an agenda.
- To the determination of a consistent group of professionals who are friends.
- Need felt by local pre-school educators for support.
- The community needed such an organization.
- Needs of staff to network resulted in practical information. Getting to know each other better.

2. Over the past year, what were your (the team's) biggest challenges or frustrations?

- To broaden the scope of the core group beyond administrators and special education consultants.
- Having enough time for collaboration with team members and for direct service to support children in the classrooms.
- More participation from other preschool educators at the EEN meetings.
- Getting the flyers to people on time and getting a good mailing list.
- Funding enough time to meet then do various activity.

To what do you attribute these challenges/frustrations?

- The meetings are held only in the evenings and not always is the agenda a "hot topic" to interest people. Sometimes it is general discussion and brainstorming to decide an agenda which may not interest everyone.
- Influx of kids and lack of central office support for increased work assignments.
- Have better attendance when advertised as "hot topic."
- No time in my schedule to do this.
- Budgetary issues and man/woman power.

Which of the challenges did your team overcome? How?

- Currently working on it.
- I now have a great mailing list and address labels so my time is cut in half.
- Meetings were after hours.

3. Think about the time when you started this process several years ago. If you knew then what you know now, what, if anything would you have the team do differently? Why

- To regroup in smaller committees to look at the needs of this area to determine what was available for inclusion and survey the Upper Valley.

4. In what ways (if any) has a change in team members affected the process or outcomes for your team?

- A change in coordinator for the grant helped. Nancee Tracy was a great help, too.
- Smaller groupings would be better. The core group became closer.
- Ann taking over the lead of this group helped to provide a leader for the meetings.

5. In your opinion, how effective was the team process in achieving your team's priority goals? Please comment on your answer.

- What were our priority goals?
- We were effective in achieving most. Gave gift packages to pre-schools being serviced, started EEN meetings.
- The team process was horrible because we needed more structure, focus and clear goals. The group in the beginning was too big and awkward and directionless.

6. Which aspects of the team's work will continue after the project ends? (For example, systems or processes in place, changes in policy or practice, new options open to children and families, continued support to early care and education providers to enhance quality, community collaboration, etc.)?

- Community collaboration.
- Early Educator's Network.

7. What (if any) are the next steps for your *Community Options* team (e.g., does the team need to continue or has the work been completed to the point where it is no longer necessary for this group to meet?) Please comment on your answer.

- We will continue with the Early Educator's Network to support early childhood professionals.

8. What are the next steps for the community to (continue to) promote quality, inclusive early care and education?

- Assist parents in choosing a program that meets their and their child's needs.
- Community is doing a good job. As in most districts more students than people to work with them.
- As individuals and as a group and as a community we daily consider what is the best environment for each child.

9. What advice would you give to new teams who begin the process? To project staff beginning to work with new teams?

- Find out what the new program is doing. Do a needs assessment (x3).